

## **GROUP EXHIBIT J-9**

(3) Substations; and

(4) Transformers

Power Supply Services do not include overhead transmission lines.

Coverage under item **4.t. Additional Coverages, Off Premises Utility Service Failure** does not apply to loss or damage to electronic data, including destruction or corruption of electronic data.

2. We will not pay for loss or damage caused by or resulting from:

- a. The disconnection of any refrigerating, cooling or humidity control system from the source of power;
- b. The deactivation of electrical power caused by the manipulation of any switch or other device used to control the flow of electrical power or current;
- c. The inability of an electrical utility company to or other power source to provide sufficient power due to lack of fuel or governmental order;
- d. The inability of a power source at the described premises to provide sufficient power due to lack of generating capacity to meet demand; or
- e. Breaking of any glass that is a permanent part of any refrigeration, cooling or humidity control unit.

The most we will pay under this Extension is \$25,000 for any one occurrence.

#### 4.u. Theft Damage to Building

Under item **4.u. Additional Coverages, Theft Damage to Building**, we will pay for damage caused directly by burglary, theft or attempted burglary or theft to:

- a. That part of any building described in the policy Declarations containing your Business Personal Property; or
- b. Equipment within that building used to maintain or service the building.

We will not pay for damage caused by fire or explosion.

This Coverage Extension is included within, and is not in addition to, the Limit of Insurance applicable to the location described in the Declarations.

### VI. Section A. Coverage, Subsection 5. – Coverage Extensions of the Building and Personal Property Coverage Form are amended as follows:

#### 5.a. Newly Acquired or Constructed Property

We will extend coverage in accordance with item **5.a. Coverage Extension, Newly Acquired or Constructed Property**, except that:

- (1) The most we will pay at each newly acquired location for loss or damage to your Building under this extension is increased to the lesser of 25% of your Building limit or \$1,000,000 at each location.
- (2) The most we will pay at each newly acquired location for loss or damage under this extension for Your Business Personal Property is increased to the lesser of 25% of your Building Personal Property limit or \$500,000 at each location.
- (3) The maximum days under paragraph (3)(b) is increased to 90 days.

#### 5.b. Personal Effects and Property of Others

The maximum amount for each described premises under item **5.b. Coverage Extensions, Personal Effects and Property of Others** does not apply. The most we will pay for loss or damage under this Extension is \$25,000 at each described premises. Our payment for loss of or damage to personal property of others will only be for the account of the owner of the property. This extension does not apply to tools owned by your “employees”.

**5.c. Valuable Papers and Records (other than Electronic Data)**

The maximum amount for each described premises under item **5.c.(4), Coverage Extensions, Valuable Papers and Records (other than Electronic Data)** does not apply. The most that we will pay under this extension is \$50,000 at each described premises.

**5.d. Property Off-Premises**

1. The most we will pay for loss or damage under item **5.d., Coverage Extensions, Property Off-Premises**, is amended to \$50,000, except that the most we will pay for loss of or to laptops and portable office equipment is \$10,000. For purposes of this extension, the coverage territory with respects to laptops and portable office equipment only is amended to worldwide.
2. You may extend this insurance provided by this Coverage Extension to include Business Personal Property, other than "stock," in a salesperson's care, custody or control. This extension also applies to Covered Property in or on a vehicle while in a salesperson's care, custody and control unless coverage is provided under Part VII, Paragraph F of this endorsement in which event Paragraph F of Part VII shall control. The most we will pay under this extension is \$15,000.

**5.e. Outdoor Property**

Item **5.e. Coverage Extensions, Outdoor Property**, is replaced by the following:

You may extend the insurance provided by this Coverage Form to apply to the following property:

- a. Your outdoor fences, retaining walls, light poles, and flag poles that are not part of a building.
- b. Your outdoor radio, television, satellite, dish-type or other antennas, including their masts, towers, lead-in and support wiring.
- c. Your outdoor trees, shrubs and plants that are not "stock."

The most we will pay is \$25,000 in any one occurrence, but not more than \$1,000 for any one tree, shrub or plant.

**VII. Cause of Loss-Special Form CP 1030 is amended as follows:**

Under item **B.2.d.(6) Cause of Loss – Special Form, Exclusions**, mechanical breakdown is amended to read as follows:

Mechanical Breakdown or mechanical failure, including rupture or bursting caused by centrifugal force. But if spoilage to "perishable stock" results, we will pay for that resulting loss or damage due to direct physical loss arising from mechanical breakdown or mechanical failure. If mechanical breakdown results in elevator collision, we will pay for the loss or damage caused by that elevator collision. The most we will pay under this Extension is \$25,000.

Under this Additional Coverage "perishable stock" means property:

- a. maintained under controlled temperature or humidity conditions for preservation; and
- b. susceptible to loss or damage if the controlled temperature or humidity conditions change.

Mechanical Breakdown and mechanical failure do not mean power interruption, regardless of how or where the interruption is caused and whether or not the interruption is complete or partial.

**C. Limitations**

Paragraph **3.c.** of **C. Limitations** is replaced by the following:

- 3.c.** \$10,000 for patterns, dies, molds and forms.

**F. Additional Coverage Extensions is amended as follows:**

Paragraph **1.a.** of **F. Additional Coverage Extensions, Property in Transit**, is amended to delete the exception for property in the care, custody or control of your salespersons.

Paragraph **1.c.** of **F. Additional Coverage Extensions, Property in Transit**, is replaced by the following:

- c. The most we will pay for loss or damage under this Extension is \$50,000

**VIII. Additional Conditions**

The following Additional Conditions are added to all coverages provided under this Coverage Enhancement:

- a.** Coverage afforded the insured under this Coverage Enhancement will be excess over any other valid and collectible insurance available to the insured.

**b. Non-Cumulation Of Limit Of Insurance**

Regardless of the number of years this Enhancement Endorsement remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year or policy period to policy period.

**IX. Additional Definitions**

**1. "Employee":**

**a. "Employee" means:**

**(1) Any natural person:**

- (a)** While in your service or for 30 days after termination of service;
- (b)** Who you compensate directly by salary, wages or commissions; and
- (c)** Who you have the right to direct and control while performing services for you;

**(2) Any natural person who is furnished temporarily to you:**

- (a)** To substitute for a permanent "employee" as defined in Paragraph (1) above, who is on leave; or
- (b)** To meet seasonal or short-term work load conditions;

while that person is subject to your direction and control and performing services for you, excluding, however, any such person while having care and custody of property outside the "premises" ;

**(3) Any natural person who is leased to you under a written agreement between you and a labor leasing firm, to perform duties related to the conduct of your business, but does not mean a temporary employee as defined in Paragraph (2) above;**

**(4) Any natural person who is:**

- (a)** A trustee, officer, employee, administrator or manager, except an administrator or manager who is an independent contractor, of any "employee benefit plan(s) " insured under this policy; and
- (b)** Your director or trustee while that person is handling "funds" or "other property" of any "employee benefit plan(s) " insured under this policy;

**(5) Any natural person who is a former "employee", director, partner, "member", "manager", representative or trustee retained as a consultant while performing services for you; or**

**(6) Any natural person who is a guest student or intern pursuing studies or duties, excluding, however, any such person while having care and custody of property outside the "premises".**

**b. "Employee" does not mean:**

- (1) Any agent, broker, factor, commission merchant, consignee, independent contractor or representative of the same general character; or**
- (2) Any "manager", director or trustee except while performing acts coming within the scope of the usual duties of an "employee".**

**2. "Manager" means a person serving in a directorial capacity for a limited liability company.**

**3. "Member" means an owner of a limited liability company represented by its membership interest, who also may serve as a "manager".**



4. "Money" means:
  - a. Currency, coins and bank notes in current use and having a face value; and
  - b. Travelers checks, register checks and money orders held for sale to the public.
5. "Operations" means your business activities occurring at the described premises.
6. "Premises" means the interior of that portion of any building you occupy in conducting your business.
7. "Securities" means negotiable and nonnegotiable instruments or contracts representing either "money" or property and includes:
  - a. Tokens, tickets, revenue and other stamps (whether represented by actual stamps or unused value in a meter) in current use; and
  - b. Evidences of debt issued in connection with credit or charge cards, which cards are not issued by you; but does not include "money".

Except as amended herein, all of the terms and conditions of your policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EQUIPMENT BREAKDOWN COVERAGE (Including Electronic Circuitry Impairment)

This endorsement modifies insurance provided under the following:

Building And Personal Property Coverage Form  
Causes Of Loss – Basic Form  
Causes Of Loss – Broad Form  
Causes Of Loss – Special Form

THE FOLLOWING IS ADDED AS AN ADDITIONAL COVERAGE TO THE CAUSES OF LOSS – BASIC FORM, BROAD FORM OR SPECIAL FORM.

### A. ADDITIONAL COVERAGE – EQUIPMENT BREAKDOWN

The term Covered Cause of Loss includes the Additional Coverage Equipment Breakdown as described and limited below. Without an “accident” or “electronic circuitry impairment”, there is no Equipment Breakdown Coverage.

1. We will pay for direct physical damage to Covered Property that is the direct result of an “accident” or “electronic circuitry impairment”. We will consider “electronic circuitry impairment” to be physical damage to “covered equipment”.
2. Unless otherwise shown in the “schedule”, the following coverages also apply to the direct result of an “accident” or “electronic circuitry impairment”. However, with respect to coverage **2.i. Service Interruption** below and any Dependent Properties coverage provided by this coverage part, coverage will apply only to the direct result of an “accident” and will not apply to the direct result of an “electronic circuitry impairment”. These coverages do not provide additional amounts of insurance.

#### a. Business Income and Extra Expense

- (1) Any insurance provided under the coverage part for Business Income or Extra Expense is extended to the coverage provided by this endorsement. However, if a deductible is shown in the “schedule”, then with respect to this endorsement only, the “period of restoration” will begin immediately after the “accident” or “electronic circuitry impairment”, and the deductible shown in the “schedule” will apply.
- (2) The most we will pay for loss or expense under this coverage is the applicable limit for Business Income and Extra Expense, unless otherwise shown in the “schedule”.

#### b. Data Restoration

- (1) We will pay for your reasonable and necessary cost to research, replace and restore lost “data”.
- (2) The most we will pay for loss or expense under this coverage, including actual loss of Business Income you sustain and necessary Extra Expense you incur, if shown as covered, is \$250,000 unless otherwise shown in the “schedule”.

#### c. Expediting Expenses

- (1) With respect to your damaged Covered Property, we will pay the reasonable extra cost to:
  - (a) Make temporary repairs; and
  - (b) Expedite permanent repairs or permanent replacement.
- (2) The most we will pay for loss or expense under this coverage is \$250,000 unless otherwise shown in the “schedule”.

#### d. “Fungus”, Wet Rot, Dry Rot And Bacteria

- (1) We will pay your additional cost to repair or replace Covered Property because of contamination by “fungus”, wet rot, dry rot or bacteria. This includes the additional costs to clean up or dispose of such property. This does not include spoilage of personal property that is “perishable goods” to the extent that such spoilage is covered under Spoilage coverage.
- (2) As used in this coverage, additional costs mean those beyond what would have been payable under this Equipment Breakdown Coverage had no “fungus”, wet rot, dry rot or bacteria been involved.
- (3) We will also pay the cost of testing performed after repair or replacement of the damaged Covered Property is completed only to the extent that there is reason to believe there is the presence of “fungus”, wet rot, dry rot or bacteria.

- (4) This coverage does not apply to lawns, trees, shrubs or plants which are part of a vegetated roof.
- (5) The most we will pay in any "one equipment breakdown" for loss, damage or expense under this coverage, including actual loss of Business Income you sustain and necessary Extra Expense you incur, if shown as covered, is \$15,000 unless otherwise shown in the "schedule" even if the "fungus", wet rot, dry rot or bacteria continues to be present or active or recurs in a later policy period.

**e. Hazardous Substances**

- (1) We will pay your additional cost to repair or replace Covered Property because of contamination by a "hazardous substance". This includes the additional expenses to clean up or dispose of such property.
- (2) This does not include contamination of "perishable goods" by refrigerant, including but not limited to ammonia, which is addressed in **2.j.(1)(b)** below. As used in this coverage, additional costs mean those beyond what would have been payable under this Equipment Breakdown Coverage had no "hazardous substance" been involved.
- (3) The most we will pay for loss, damage or expense under this coverage, including actual loss of Business Income you sustain and necessary Extra Expense you incur, if shown as covered, is \$250,000 unless otherwise shown in the "schedule".

**f. Off Premises Equipment Breakdown**

- (1) We will pay for physical damage to transportable "covered equipment" that, at the time of the "accident" or "electronic circuitry impairment", is not at a covered location. As respects this Off Premises Equipment Breakdown coverage only, the "accident" or "electronic circuitry impairment" may occur in any country except one in which the United States has imposed sanctions, embargoes or similar restrictions on the provision of insurance.
- (2) We will also pay for your reasonable and necessary cost to research, replace and restore lost "data" contained within "covered equipment" as described under (1) above. This amount may not exceed the limit applicable to Data Restoration coverage.
- (3) The most we will pay for loss, damage or expense under this coverage, including actual loss of Business Income you sustain and necessary Extra Expense you incur, if shown as covered, and Data Restoration as described in (2) above is the limit for Property Off-Premises coverage, shown in your policy, unless otherwise shown in the "schedule".

**g. Public Relations**

- (1) This coverage only applies if you have sustained an actual loss of Business Income covered under this endorsement.
- (2) We will pay for your reasonable costs for professional services to create and disseminate communications, when the need for such communications arises directly from the interruption of your business. This communication must be directed to one or more of the following:
  - (a) The media;
  - (b) The public; or
  - (c) Your customers, clients or members.
- (3) Such costs must be incurred during the "period of restoration" or up to 30 days after the "period of restoration" has ended.
- (4) The most we will pay for loss or expense under this coverage is \$5,000.

**h. Resultant Damage to Animals**

- (1) Any insurance provided under the coverage part for "animals" is extended to the coverage provided by this endorsement.
- (2) The most we will pay for loss, damage or expense under this coverage, including actual loss of Business Income you sustain and necessary Extra Expense you incur, if shown as covered, is \$25,000.

**i. Service Interruption**

- (1) Any insurance provided for Business Income, Extra Expense, Data Restoration or Spoilage is extended to apply to your loss, damage or expense caused by a failure or disruption of service. The failure or disruption of service must be caused by an "accident" to equipment, including overhead transmission lines, that is owned by a utility, landlord, a landlord's utility or other supplier who provides you with any of the following services: electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, Internet access, telecommunications services, "cloud computing services", wide area networks or data transmission. The equipment must meet the definition of "covered equipment" except that it is not Covered Property.
- (2) "Cloud computing services" must be provided by a professional provider with whom you have a contract.
- (3) With respect to the Data Restoration portion of this Service Interruption coverage, coverage will also apply to "data" stored in the equipment of a provider of "cloud computing services".

- (4) Unless otherwise shown in the "schedule", any insurance provided for Business Income or Data Restoration will not apply under this Service Interruption coverage unless the failure or disruption of service exceeds 24 hours immediately following the "accident". If the interruption exceeds 24 hours, coverage will begin at the time of the disruption, and the applicable deductible will apply.
- (5) The most we will pay in any "one equipment breakdown" for loss, damage or expense under this coverage is the applicable limit for Business Income, Extra Expense, Data Restoration or Spoilage, except that if a limit is shown in the "schedule" for Service Interruption, that limit will apply to Business Income and Extra Expense loss under this coverage.

#### j. Spoilage

- (1) We will pay for:
  - (a) Physical damage to "perishable goods" due to spoilage;
  - (b) Physical damage to "perishable goods" due to contamination from the release of refrigerant, including but not limited to ammonia;
  - (c) Any necessary expenses you incur to reduce the amount of loss under this coverage to the extent that they do not exceed the amount of loss that otherwise would have been payable under this coverage.
- (2) If you are unable to replace the "perishable goods" before its anticipated sale, the amount of our payment will be determined on the basis of the sales price of the "perishable goods" at the time of the "accident" or "electronic circuitry impairment", less discounts and expenses you otherwise would have had. Otherwise our payment will be determined in accordance with the Valuation condition.
- (3) The most we will pay for loss, damage or expense under this coverage is \$250,000 unless otherwise shown in the "schedule".

### 3. EXCLUSIONS

All exclusions in the applicable Causes of Loss form apply except as modified below and to the extent that coverage is specifically provided by this endorsement.

#### a. The following exclusions are modified:

- (1) If the Causes of Loss – Basic Form or Causes of Loss – Broad Form applies, the following is added to Exclusion **B.2.**:  
Depletion, deterioration, corrosion, erosion, wear and tear, or other gradually developing conditions. However, if an "accident" or "electronic circuitry impairment" results, we will pay for the resulting loss, damage or expense caused by that "accident" or "electronic circuitry impairment".
- (2) If the Causes of Loss – Special Form applies, with respect to this endorsement only, the last paragraph of Exclusion **B.2.d.** is deleted and replaced with the following:  
But if an excluded cause of loss that is listed in **2.d.(1)** through **(7)** results in an "accident" or "electronic circuitry impairment", we will pay for the loss, damage or expense caused by that "accident" or "electronic circuitry impairment".

#### b. The following exclusions are added:

- (1) We will not pay for loss, damage or expense caused directly or indirectly by any of the following, whether or not caused by or resulting from an "accident" or "electronic circuitry impairment":
  - (a) Fire, including smoke from a fire;
  - (b) Explosion of gas or unconsumed fuel within the furnace of any boiler or fired vessel or within the passages from that furnace to the atmosphere;
  - (c) Any other explosion, except as specifically covered under this endorsement;
  - (d) Any earth movement, including but not limited to earthquake, subsidence, sinkhole collapse, landslide, earth sinking, tsunami or volcanic action;
  - (e) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not; mudslide or mudflow; or water that backs up or overflows from a sewer, drain or sump. However, if electrical "covered equipment" requires drying out because of the above, we will pay for the direct expenses of such drying out subject to the applicable Limit of Insurance and deductible for Building or Business Personal Property, whichever applies; or
  - (f) Vandalism.
- (2) Coverage under this endorsement does not apply to an "accident" or "electronic circuitry impairment" caused by or resulting from:
  - (a) Lightning;
  - (b) Windstorm or hail. However this exclusion does not apply when:
    - i. "Covered equipment" located within a building or structure suffers an "accident" or "electronic circuitry impairment" that results from wind-blown rain, snow, sand or dust; and
    - ii. The building or structure did not first sustain wind or hail damage to its roof or walls through which the rain, snow, sand or dust entered.
  - (c) Smoke; aircraft or vehicles; riot or civil commotion; sprinkler leakage; elevator collision;

- (d) Breakage of glass; falling objects; weight of snow, ice or sleet; freezing (caused by cold weather); collapse or molten material;
- (e) A hydrostatic, pneumatic or gas pressure test of any boiler or pressure vessel, or an electrical insulation breakdown test of any type of electrical equipment; or
- (f) Water or other means used to extinguish a fire.
- (3) With respect to Business Income, Extra Expense and Service Interruption coverages, we will also not pay for:
  - (a) Loss caused by your failure to use due diligence and dispatch and all reasonable means to resume business; or
  - (b) Any increase in loss resulting from an agreement between you and your customer or supplier.
- (4) Except as specifically provided under **A.2.d. "Fungus", Wet Rot, Dry Rot And Bacteria** coverage we will not pay for loss, damage or expense caused directly or indirectly by the following, whether or not caused by or resulting from an "accident" or "electronic circuitry impairment": Any "fungus", wet rot, dry rot or bacteria, including any presence, growth, proliferation, spread or any activity of "fungus", wet rot, dry rot or bacteria. This includes, but is not limited to, costs arising from clean up, removal, or abatement of such "fungus", wet rot, dry rot or bacteria. However, this exclusion does not apply to spoilage of personal property that is "perishable goods", to the extent that such spoilage is covered under Spoilage coverage.
- (5) Except as specifically provided under **A.2.b., Data Restoration**, or **A.2.h. Resultant Damage to Animals**, we will not pay for loss, damage or expense caused directly or indirectly by the following, whether or not caused by or resulting from an "accident" or "electronic circuitry impairment":
  - (a) Physical loss or damage to "animals";
  - (b) Loss, interruption or compromise of any research, test or study involving "animals"; or
  - (c) Loss of income or extra expense resulting from (a) or (b) above.
- c. Exclusions **b.(2)(a)**, **b.(2)(b)**, **b.(2)(c)** and **b.(2)(d)** above shall not apply if:
  - (1) The excluded cause of loss occurs away from any covered location and causes an electrical surge or other electrical disturbance;
  - (2) Such surge or disturbance is transmitted through utility service transmission lines to the covered location and results in an "accident" or "electronic circuitry impairment"; and
  - (3) The loss, damage or expense caused by such surge or disturbance is not covered elsewhere under the policy.
- d. Any cause of loss set forth in exclusion **b.(2)(d)** above that is not a Covered Cause of Loss in this coverage part shall be excluded only as respects Service Interruption coverage.

#### 4. DEFINITIONS

The following definitions are added with respect to this endorsement only:

- a. "Accident"
  - (1) "Accident" means a fortuitous event that causes direct physical damage to "covered equipment". The event must be one of the following:
    - (a) Mechanical breakdown, including rupture or bursting caused by centrifugal force;
    - (b) Artificially generated electrical current, including electric arcing, that disturbs electrical devices, appliances or wires;
    - (c) Explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control;
    - (d) Loss or damage to steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from any condition or event inside such equipment; or
    - (e) Loss or damage to hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment.
  - (2) None of the following is an "accident":
    - (a) Defect, programming error, programming limitation, computer virus, malicious code, loss of "data", loss of access, loss of use, loss of functionality or other condition within or involving "data" or "media" of any kind; or
    - (b) Misalignment, miscalibration, tripping off-line, or any condition which can be corrected by resetting, tightening, adjusting or cleaning, or by the performance of maintenance.
- However, if an "accident" results, we will pay for the resulting loss, damage or expense caused by that "accident".
- b. "Animal" means any creature of the kingdom Animalia. This includes, but is not limited to, amphibians, birds, fish, insects, mammals, reptiles, and worms.
- c. "Boilers and vessels" means:
  - (1) Any boiler, including attached steam, condensate and feedwater piping; and
  - (2) Any fired or unfired pressure vessel subject to vacuum or internal pressure other than the static pressure of its contents.

This term does not appear elsewhere in this endorsement, but may appear in the "schedule".



- d. "Cloud computing services" means professional, on-demand, self-service data storage or data processing services provided through the Internet or over telecommunications lines. This includes services known as IaaS (infrastructure as a service), PaaS (platform as a service), SaaS (software as a service) and NaaS (network as a service). This includes business models known as public clouds, community clouds and hybrid clouds. "Cloud computing services" include private clouds if such services are owned and operated by a third party.
- e. "Covered equipment"
  - (1) "Covered equipment" means, unless otherwise specified in the "schedule", Covered Property:
    - (a) That generates, transmits or utilizes energy; or
    - (b) Which, during normal usage, operates under vacuum or pressure, other than the weight of its contents. "Covered equipment" may utilize conventional design and technology or new or newly commercialized design and technology.
  - (2) None of the following is "covered equipment":
    - (a) Structure, foundation, cabinet or compartment;
    - (b) Insulating or refractory material;
    - (c) Sewer piping, buried vessels or piping, or piping forming a part of a sprinkler or fire suppression system;
    - (d) Water piping other than boiler feedwater piping, boiler condensate return piping or water piping forming a part of a refrigerating or air conditioning system;
    - (e) "Vehicle" or any equipment mounted on a "vehicle";
    - (f) Satellite, spacecraft or any equipment mounted on a satellite or spacecraft;
    - (g) Dragline, excavation or construction equipment; or
    - (h) Equipment manufactured by you for sale.
- f. "Data" means information or instructions stored in digital code capable of being processed by machinery.
- g. "Electronic circuitry" means microelectronic components, including but not limited to circuit boards, integrated circuits, computer chips and disk drives.
- h. "Electronic circuitry impairment"
  - (1) "Electronic circuitry impairment" means a fortuitous event involving "electronic circuitry" within "covered equipment" that causes the "covered equipment" to suddenly lose its ability to function as it had been functioning immediately before such event. This definition is subject to the conditions specified in (2), (3) and (4) below.
  - (2) We shall determine that the reasonable and appropriate remedy to restore such "covered equipment's" ability to function is the replacement of one or more "electronic circuitry" components of the "covered equipment".
  - (3) The "covered equipment" must be owned or leased by you, or operated under your control.
  - (4) None of the following is an "electronic circuitry impairment":
    - (a) Any condition that can be reasonably remedied by:
      - i. Normal maintenance, including but not limited to replacing expendable parts, recharging batteries or cleaning;
      - ii. Rebooting, reloading or updating software or firmware; or
      - iii. Providing necessary power or supply.
    - (b) Any condition caused by or related to:
      - i. Incompatibility of the "covered equipment" with any software or equipment installed, introduced or networked within the prior 30 days; or
      - ii. Insufficient size, capability or capacity of the "covered equipment".
    - (c) Exposure to adverse environmental conditions, including but not limited to change in temperature or humidity, unless such conditions result in an observable loss of functionality. Loss of warranty shall not be considered an observable loss of functionality.
- i. "Hazardous substance" means any substance that is hazardous to health or has been declared to be hazardous to health by a governmental agency.
- j. "Media" means material on which "data" is recorded, such as solid state drives, hard disks, optical disks, flash drives, magnetic tapes or floppy disks.
- k. "One equipment breakdown" means: If an initial "accident" or "electronic circuitry impairment" causes other "accidents" or "electronic circuitry impairments", all will be considered "one equipment breakdown". All "accidents" or "electronic circuitry impairments" that are the result of the same "accident" or "electronic circuitry impairment" will be considered "one equipment breakdown".
- l. "Perishable goods" means personal property maintained under controlled conditions for its preservation, and susceptible to loss or damage if the controlled conditions change.
- m. "Production machinery" means any machine or apparatus that processes or produces a product intended for eventual sale. This includes all component parts of such machine or apparatus and any other equipment used exclusively with such machine or apparatus. However, "production machinery" does not mean any boiler, or fired or unfired pressure vessel. This term does not appear elsewhere in this endorsement, but may appear in the "schedule".

- n. "Schedule" means the Equipment Breakdown Coverage Schedule
- o. "Vehicle" means, as respects this endorsement only, any machine or apparatus that is used for transportation or moves under its own power. "Vehicle" includes, but is not limited to: car, truck, bus, trailer, train, aircraft, watercraft, forklift, bulldozer, tractor or harvester.

However, any property that is stationary, permanently installed at a covered location and that receives electrical power from an external power source will not be considered a "vehicle".

**B. THE BUILDING AND PERSONAL PROPERTY COVERAGE FORM IS MODIFIED AS FOLLOWS.**

The definitions stated above also apply to section **B.** of this endorsement.

**1. DEDUCTIBLE**

The deductible in the Declarations applies unless a separate Equipment Breakdown deductible is shown in the "schedule". If a separate Equipment Breakdown deductible is shown, the following applies.

Only as regards Equipment Breakdown Coverage, provision **D. DEDUCTIBLE** is deleted and replaced with the following:

**a. Deductibles for Each Coverage**

- (1) Unless the "schedule" indicates that your deductible is combined for all coverages, multiple deductibles may apply to any "one equipment breakdown".
- (2) We will not pay for loss, damage or expense under any coverage until the amount of the covered loss, damage or expense exceeds the deductible amount indicated for that coverage in the "schedule". We will then pay the amount of loss, damage or expense in excess of the applicable deductible amount, subject to the applicable limit.
- (3) If deductibles vary by type of "covered equipment" and more than one type of "covered equipment" is involved in any "one equipment breakdown", only the highest deductible for each coverage will apply.

**b. Direct and Indirect Coverages**

- (1) Direct Coverages Deductibles and Indirect Coverages Deductibles may be indicated in the "schedule".
- (2) Unless more specifically indicated in the "schedule":
  - (a) Indirect Coverages Deductibles apply to Business Income and Extra Expense loss; and
  - (b) Direct Coverages Deductibles apply to all remaining loss, damage or expense covered by this endorsement.

**c. Application of Deductibles**

**(1) Dollar Deductibles**

We will not pay for loss, damage or expense resulting from any "one equipment breakdown" until the amount of loss, damage or expense exceeds the applicable deductible shown in the "schedule". We will then pay the amount of loss, damage or expense in excess of the applicable deductible or deductibles, up to the applicable Limit of Insurance.

**(2) Time Deductible**

If a time deductible is shown in the "schedule", we will not be liable for any loss occurring during the specified number of hours or days immediately following the "accident" or "electronic circuitry impairment". If a time deductible is expressed in days, each day shall mean twenty-four consecutive hours.

**(3) Multiple of Average Daily Value (ADV)**

If a deductible is expressed as a number times ADV, that amount will be calculated as follows:

The ADV (Average Daily Value) will be the Business Income (as defined in any Business Income coverage that is part of this policy) that would have been earned during the period of interruption of business had no "accident" or "electronic circuitry impairment" occurred, divided by the number of working days in that period. No reduction shall be made for the Business Income not being earned, or in the number of working days, because of the "accident" or "electronic circuitry impairment" or any other scheduled or unscheduled shutdowns during the period of interruption. The ADV applies to the Business Income value of the entire location, whether or not the loss affects the entire location. If more than one location is included in the valuation of the loss, the ADV will be the combined value of all affected locations. For purposes of this calculation, the period of interruption may not extend beyond the "period of restoration". The number indicated in the "schedule" will be multiplied by the ADV as determined above. The result shall be used as the applicable deductible.

**(4) Percentage of Loss Deductibles**

If a deductible is expressed as a percentage of loss, we will not be liable for the indicated percentage of the gross amount of loss, damage or expense (prior to any applicable deductible or coinsurance) insured under the applicable coverage. If the dollar amount of such percentage is less than the indicated minimum deductible, the minimum deductible will be the applicable deductible.

**2. CONDITIONS**

- a. The following conditions are in addition to the Conditions in the Building and Personal Property Coverage Form, the Commercial Property Conditions and the Common Policy Conditions.

**(1) Suspension**

Whenever "covered equipment" is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss from an "accident" or "electronic circuitry impairment" to that "covered equipment". This can be done by mailing or delivering a written notice of suspension to:

- (a) Your last known address; or
- (b) The address where the "covered equipment" is located.

Once suspended in this way, your insurance can be reinstated only by an endorsement for that "covered equipment". If we suspend your insurance, you will get a pro rata refund of premium for that "covered equipment" for the period of suspension. But the suspension will be effective even if we have not yet made or offered a refund.

**(2) Jurisdictional Inspections**

If any property that is "covered equipment" under this endorsement requires inspection to comply with state or municipal boiler and pressure vessel regulations, we agree to perform such inspection on your behalf. We do not warrant that conditions are safe or healthful.

**(3) Coinsurance**

If a coinsurance percentage is shown in the "schedule" for specified coverages, the following condition applies. We will not pay for the full amount of your loss if the applicable limit is less than the product of the specified coinsurance percentage times the value of the property subject to the coverage at the time of the loss. Instead, we will determine what percentage this calculated product is compared to the applicable limit and apply that percentage to the gross amount of loss. We will then subtract the applicable deductible. The resulting amount, or the applicable limit, is the most we will pay. We will not pay for the remainder of the loss. Coinsurance applies separately to each insured location.

**(4) Non-Duplication of Coverage**

If another endorsement is also attached to your policy which, to any extent, affords Coverage for loss or damage to Covered Property caused by or resulting from an "accident," the Coverage afforded by such other endorsement for such loss or damage is replaced by this endorsement and subject to all the terms of this endorsement.

- b. As respects this endorsement only, the Valuation Condition in the Building and Personal Property Coverage Form is deleted and replaced with the following:

**Valuation**

We will determine the value of Covered Property as follows:

- (1) Except as specified otherwise, our payment for damaged Covered Property will be the smallest of:
  - (a) The cost to repair the damaged property;
  - (b) The cost to replace the damaged property on the same site; or
  - (c) The amount you actually spend that is necessary to repair or replace the damaged property.
- (2) The amount of our payment will be based on the most cost-effective means to replace the function, capacity and remaining useful life of the damaged property. This may include the use of generic, used or reconditioned parts, equipment or property.
- (3) Except as described in (4) below, you must pay the extra cost of replacing damaged property with property of a better kind or quality or of a different size or capacity.
- (4) Environmental, Safety and Efficiency Improvements
 

If "covered equipment" requires replacement due to an "accident" or "electronic circuitry impairment", we will pay your additional cost to replace with equipment that is better for the environment, safer for people or more energy or water efficient than the equipment being replaced. However, we will not pay to increase the size or capacity of the equipment and we will not pay more than 150% of what the cost would have been to replace with like kind and quality. This provision does not apply to the replacement of component parts or to any property to which Actual Cash Value applies and does not increase any of the applicable limits.
- (5) The following property will be valued on an Actual Cash Value basis:
  - (a) Any property that does not currently serve a useful or necessary function for you;
  - (b) Any Covered Property that you do not repair or replace within 24 months after the date of the "accident" or "electronic circuitry impairment"; and
  - (c) Any Covered Property for which Actual Cash Value coverage is specified in the "schedule".

Actual Cash Value includes deductions for depreciation.



- (6) If any one of the following conditions is met, property held for sale by you will be valued at the sales price as if no loss or damage had occurred, less any discounts and expenses that otherwise would have applied:

  - (a) The property was manufactured by you;
  - (b) The sales price of the property is less than the replacement cost of the property; or
  - (c) You are unable to replace the property before its anticipated sale.
- (7) Except as specifically provided for under Data Restoration coverage, “data” and “media” will be valued on the following basis:

  - (a) For mass-produced and commercially available software, at the replacement cost.
  - (b) For all other “data” and “media”, at the cost of blank “media” for reproducing the records. We will not pay for “data” representing financial records based on the face value of such records.

The most we will pay for loss, damage or expense under this endorsement arising from any “one equipment breakdown” is the applicable Limit of Insurance in the Declarations unless otherwise shown in the “schedule”. Coverage provided under this endorsement does not provide an additional amount of insurance.

**COMMERCIAL PROPERTY  
CP 99 03 12 19**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANNABIS EXCLUSION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL PROPERTY COVERAGE PART  
STANDARD PROPERTY POLICY**

- A.** When this endorsement is attached to the Standard Property Policy, the terms Coverage Part and Coverage Form in this endorsement are replaced by the term Policy.
- B. Property Not Covered** is amended as follows:  
"Cannabis" is added to **Property Not Covered**.
- C.** For the purpose of this endorsement, when Business Income (And Extra Expense) Coverage Form **CP 00 30**, Business Income (Without Extra Expense) Coverage Form **CP 00 32** and/or Extra Expense Coverage Form **CP 00 50** are indicated in the Declarations as being provided under this Policy, coverage under this Policy does not apply to that part of Business Income loss and/or Extra Expense incurred, due to a "suspension" of your "operations", which is attributable to the design, cultivation, manufacture, storage, processing, packaging, handling, testing, distribution, sale, serving, furnishing, possession or disposal of "cannabis".
- D.** For the purpose of this endorsement, the following definition is added:  
"Cannabis":  
**1. Means:**  
Any good or product that consists of or contains any amount of Tetrahydrocannabinol (THC) or any other cannabinoid, regardless of whether any such THC or cannabinoid is natural or synthetic.
- 2.** Paragraph **D.1.** above includes, but is not limited to, any of the following containing such THC or cannabinoid:  
**a.** Any plant of the genus Cannabis L., or any part thereof, such as seeds, stems, flowers, stalks and roots; or  
**b.** Any compound, by-product, extract, derivative, mixture or combination, such as:  
**(1)** Resin, oil or wax;  
**(2)** Hash or hemp; or  
**(3)** Infused liquid or edible cannabis;  
whether or not derived from any plant or part of any plant set forth in Paragraph **D.2.a.**

IL 00 03 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALCULATION OF PREMIUM**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

IL 00 03 09 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALCULATION OF PREMIUM**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
EQUIPMENT BREAKDOWN COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

IL 00 17 11 98

## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

IL 00 21 09 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

**1. The insurance does not apply:**

**A. Under any Liability Coverage, to "bodily injury" or "property damage":**

- (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

**B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.**

**C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:**

- (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
- (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.

**2. As used in this endorsement:**

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

- (c)** Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

- (d)** Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

IL 00 23 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
SPECIAL PROTECTIVE AND HIGHWAY LIABILITY POLICY NEW YORK DEPARTMENT OF  
TRANSPORTATION

**1. The insurance does not apply:**

**A. Under any Liability Coverage, to "bodily injury" or "property damage":**

- (1)** With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2)** Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

**B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.**

**C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:**

- (1)** The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;
- (2)** The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3)** The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

**2. As used in this endorsement:**

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "Special nuclear material" or "by-product material".



"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

- (c)** Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

- (d)** Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

IL 01 11 11 03

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NEW JERSEY CHANGES**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
STANDARD PROPERTY POLICY

**A. The following exclusion and related provisions are added:**

1. We will not pay for loss or damage arising out of any act committed:
  - a. By or at the direction of any insured; and
  - b. With the intent to cause a loss.
2. However, this exclusion will not apply to deny payment to a co-insured who did not cooperate in or contribute to the creation of the loss if the loss arose out of domestic violence.
3. If we pay a claim pursuant to Paragraph **A.2.**, our payment to the insured is limited to that insured's insurable interest in the property. In no event will we pay more than the Limit of Insurance.

To the extent that the Concealment, Misrepresentation Or Fraud Condition conflicts with the provisions of Paragraph **A.2.** above, the provisions of **A.2.** will apply.

**B. The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:**

If we pay a co-insured for loss arising out of an act of domestic violence by another insured, the rights of the co-insured, who did not cooperate in or contribute to the creation of the loss, to recover damages from the perpetrator of domestic violence are transferred to us to the extent of our payment. Following the loss, the co-insured who did not cooperate in or contribute to the loss may not waive such rights to recover against the perpetrator of domestic violence.

IL 01 41 09 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NEW JERSEY CHANGES – CIVIL UNION**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
FARM COVERAGE PART  
FARM UMBRELLA LIABILITY POLICY  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCT WITHDRAWAL COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

**A.** The term "spouse" is replaced by the following:

Spouse or party to a civil union recognized under New Jersey law.

**B.** Under the Commercial Auto Coverage Part, the term "family member" is replaced by the following:

"Family member" means a person related to the:

- 1.** Individual Named Insured by blood, adoption, marriage or civil union recognized under New Jersey law, who is a resident of such Named Insured's household, including a ward or foster child; or
- 2.** Individual named in the Schedule by blood, adoption, marriage or civil union recognized under New Jersey law, who is a resident of the individual's household, including a ward or foster child, if the Drive Other Car Coverage – Broadened Coverage For Named Individual Endorsement is attached.

**C.** With respect to coverage for the ownership, maintenance, or use of "covered autos" provided under the Commercial Liability Umbrella Coverage Part, the term "family member" is replaced by the following:

"Family member" means a person related to you by blood, adoption, marriage or civil union recognized under New Jersey law, who is a resident of your household, including a ward or foster child.

IL 01 66 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PENNSYLVANIA CHANGES – ACTUAL CASH VALUE**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
FARM COVERAGE PART  
STANDARD PROPERTY POLICY

The following is added to any provision which uses the term actual cash value:

Actual cash value is calculated as the amount it would cost to repair or replace Covered Property, at the time of loss or damage, with material of like kind and quality, subject to a deduction for deterioration, depreciation and obsolescence. Actual cash value applies to valuation of Covered Property regardless of whether that property has sustained partial or total loss or damage.

The actual cash value of the lost or damaged property may be significantly less than its replacement cost.

IL 01 72 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****PENNSYLVANIA CHANGES**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
 CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 FARM COVERAGE PART

**A. For insurance provided under the:**

Boiler and Machinery Coverage Part  
 Capital Assets Program (Output Policy) Coverage Part  
 Commercial Inland Marine Coverage Part  
 Commercial Crime Coverage Part  
 Commercial Property Coverage Part

The **TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY** Common Policy Condition is replaced by the following:

**F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY**

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

If you die, this Coverage Part will remain in effect as provided in 1. or 2. below, whichever is later:

1. For 180 days after your death regardless of the policy period shown in the Declarations, unless the insured property is sold prior to that date; or
2. Until the end of the policy period shown in the Declarations, unless the insured property is sold prior to that date.

Coverage during the period of time after your death is subject to all provisions of this policy including payment of any premium due for the policy period shown in the Declarations and any extension of that period.

**B. For insurance provided under the:**

Capital Assets Program (Output Policy) Coverage Part

Commercial Inland Marine Coverage Part  
 Commercial Property Coverage Part  
 Farm Coverage Part

The following is added to the **LOSS PAYMENT** Loss Condition and supersedes any provision to the contrary:

**NOTICE OF ACCEPTANCE OR DENIAL OF CLAIM**

1. Except as provided in 3. below, we will give you notice, within 15 working days after we receive a properly executed proof of loss, that we:

- a. Accept your claim;
- b. Deny your claim; or
- c. Need more time to determine whether your claim should be accepted or denied.

If we deny your claim, such notice will be in writing, and will state any policy provision, condition or exclusion used as a basis for the denial.

If we need more time to determine whether your claim should be accepted or denied, the written notice will state the reason why more time is required.

2. If we have not completed our investigation, we will notify you again in writing, within 30 days after the date of the initial notice as provided in 1.c. above, and thereafter every 45 days. The written notice will state why more time is needed to investigate your claim and when you may expect us to reach a decision on your claim.
3. The notice procedures in 1. and 2. above do not apply if we have a reasonable basis, supported by specific information, to suspect that an insured has fraudulently caused or contributed to the loss by arson or other illegal activity. Under such circumstances, we will notify you of the disposition of your claim within a period of time reasonable to allow full investigation of the claim, after we receive a properly executed proof of loss.

IL 01 83 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NEW YORK CHANGES – FRAUD**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
FARM COVERAGE PART – FARM PROPERTY – OTHER FARM PROVISIONS FORM – ADDITIONAL  
COVERAGES, CONDITIONS, DEFINITIONS  
FARM COVERAGE PART – MOBILE AGRICULTURAL MACHINERY AND EQUIPMENT COVERAGE  
FORM  
FARM COVERAGE PART – LIVESTOCK COVERAGE FORM

The CONCEALMENT, MISREPRESENTATION OR FRAUD Condition is replaced by the following:

### **FRAUD**

We do not provide coverage for any insured ("insured") who has made fraudulent statements or engaged in fraudulent conduct in connection with any loss ("loss") or damage for which coverage is sought under this policy.

However, with respect to insurance provided under the COMMERCIAL AUTOMOBILE COVERAGE PART, we will provide coverage to such "insured" for damages sustained by any person who has not made fraudulent statements or engaged in fraudulent conduct if such damages are otherwise covered under the policy.

IL 02 07 12 17

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****MARYLAND CHANGES**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 FARM COVERAGE PART  
 STANDARD PROPERTY POLICY

- A.** When this endorsement is attached to the Standard Property Policy **CP 00 99**, the term Coverage Part in this endorsement is replaced by the term Policy.
- B.** The **Cancellation** Common Policy Condition is amended as follows:
- 1.** Paragraphs **2.** and **3.** are replaced by the following:
    - a.** When this Policy has been in effect for 45 days or less and is not a renewal policy, we may cancel this Policy by mailing to the first Named Insured at the last mailing address known to us written notice of cancellation, stating the reason for cancellation, at least:
      - (1)** 10 days before the effective date of cancellation if we cancel for nonpayment of premium.
      - (2)** 15 days before the effective date of cancellation if we cancel because the risk does not meet our underwriting standards.
    - b.** When this Policy has been in effect for more than 45 days or is a renewal policy, we may cancel this Policy by mailing to the first Named Insured at the last mailing address known to us written notice of cancellation at least:
      - (1)** 10 days before the effective date of cancellation if we cancel for nonpayment of premium.
  - (2)** 45 days before the effective date of cancellation if we cancel for a permissible reason other than nonpayment of premium, stating the reason for cancellation. Under this Paragraph **(2)**, we may cancel only for one or more of the following reasons:
    - (a)** When there exists material misrepresentation or fraud in connection with the application, policy, or presentation of a claim.
    - (b)** A change in the condition of the risk that results in an increase in the hazard insured against.
    - (c)** A matter or issue related to the risk that constitutes a threat to public safety.

If we cancel pursuant to Paragraph **b.(2)**, you may request additional information on the reason for cancellation within 30 days from the date of our notice.
  - 2.** Paragraph **5.** is replaced by the following:
 

If this Policy is cancelled, we will send the first Named Insured any premium refund due.

    - a.** The refund will be pro rata if:
      - (1)** We cancel; or
      - (2)** The Policy is not a renewal policy, and the first Named Insured cancels upon receiving written notice that we recalculated the premium based on the discovery of a material risk factor during the first 45 days the Policy has been in effect.



- b. If the first Named Insured cancels, other than the cancellation described in Paragraph **a.(2)**, the refund will be calculated as follows:

**(1) Policies Written For One Year Or Less**

We will refund 90% of the pro rata unearned premium.

**(2) Policies Written For More Than One Year**

- (a) If the Policy is cancelled in the first year, we will refund 90% of the pro rata unearned premium for the first year, plus the full annual premium for subsequent years.

- (b) If the Policy is cancelled after the first year, we will refund the pro rata unearned premium.

**(3) Continuous And Annual Premium Payment Policies**

We will refund 90% of the pro rata unearned premium for the year in which the Policy is cancelled.

We will retain the minimum premium, except if the Policy is cancelled as of the inception date.

However, if this Policy is financed by a premium finance company and we or the premium finance company or the first Named Insured cancels the Policy, the refund will consist of the gross unearned premium computed pro rata, excluding any expense constant, administrative fee or nonrefundable charge filed with and approved by the insurance commissioner.

The cancellation will be effective even if we have not made or offered a refund.

- C.** Paragraph **6.** of the **Cancellation** Common Policy Condition is replaced by the following, except as provided in Paragraph **D.** of this endorsement.

We will send notice of cancellation to the first Named Insured by a "first-class mail tracking method" if:

- a. We cancel for nonpayment of premium; or
- b. This Policy is not a renewal of a policy we issued and has been in effect for 45 days or less.

We will send notice to the first Named Insured by a "first-class mail tracking method" or by commercial mail delivery service if we cancel for a reason other than nonpayment of premium and this Policy:

- a. Is a renewal of a policy we issued; or
- b. Has been in effect for more than 45 days.

We will maintain proof of mailing in a form authorized or accepted by the United States Postal Service or by other commercial mail delivery service when such service is used. Proof of mailing will be sufficient proof of notice.

- D.** With respect to the Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form, Paragraph **6.** of the **Cancellation** Common Policy Condition is replaced by the following:

We will send notice to the first Named Insured by a "first-class mail tracking method" if we cancel the Policy. We will maintain proof of mailing in a form authorized or accepted by the United States Postal Service. Proof of mailing will be sufficient proof of notice.

- E.** The following condition is added, except as provided in Paragraph **F.** of this endorsement.

**Nonrenewal**

1. We may elect not to renew this Policy by mailing notice of nonrenewal to the first Named Insured at the last mailing address known to us at least 45 days before the expiration date of this Policy.
2. We will send notice of nonrenewal to the first Named Insured by a "first-class mail tracking method" or by commercial mail delivery service. We will maintain proof of mailing in a form authorized or accepted by the United States Postal Service or by other commercial mail delivery service when such service is used. Proof of mailing will be sufficient proof of notice.
3. When we elect not to renew a policy that has been in effect for more than 45 days for a reason other than nonpayment of premium, we will provide a written statement of the actual reason for the refusal to renew. You may request additional information within 30 days from the date of our notice.

4. If we offer to renew at least 45 days before the renewal date and you fail to make the required premium payment by the renewal date, the Policy will terminate on the renewal date for nonpayment of premium.

F. With respect to the Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form, the following condition is added:

**Nonrenewal**

1. We may elect not to renew this Policy by mailing notice of nonrenewal to the first Named Insured at the last mailing address known to us at least 45 days before the expiration date of this Policy.
2. We will send notice of nonrenewal to the first Named Insured by a "first-class mail tracking method". We will maintain proof of mailing in a form authorized or accepted by the United States Postal Service. Proof of mailing will be sufficient proof of notice.
3. When we elect not to renew a policy that has been in effect for more than 45 days for a reason other than nonpayment of premium, we will provide a written statement of the actual reason for the refusal to renew.

G. The following is added to the **Legal Action Against Us** Condition and supersedes any other provision to the contrary:

In addition to any other requirement for bringing a legal action against us, the action must be brought within three years from the date it accrues.

H. The **Concealment, Misrepresentation Or Fraud** Condition is replaced by the following:

**Concealment, Misrepresentation Or Fraud**

We do not provide coverage in any case of fraud by you, at any time, as it relates to this insurance. We also do not provide coverage if you or any other insured ("insured"), at any time, intentionally conceals or misrepresents a material fact concerning:

1. This insurance;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this insurance.

I. The following definition is added:

"First-class mail tracking method" means a method that provides evidence of the date that a piece of first-class mail was accepted for mailing by the United States Postal Service, including a certificate of mail and an electronic mail tracking system used by the United States Postal Service.

"First-class mail tracking method" does not include a certificate of bulk mailing.

IL 02 08 09 07

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NEW JERSEY CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
 COMMERCIAL AUTOMOBILE COVERAGE PART  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
 EQUIPMENT BREAKDOWN COVERAGE PART  
 FARM COVERAGE PART  
 FARM UMBRELLA LIABILITY POLICY  
 LIQUOR LIABILITY COVERAGE PART  
 POLLUTION LIABILITY COVERAGE PART  
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**A.** Pursuant to New Jersey law, this policy cannot be cancelled or nonrenewed for any underwriting reason or guideline which is arbitrary, capricious or unfairly discriminatory or without adequate prior notice to the insured. The underwriting reasons or guidelines that an insurer can use to cancel or nonrenew this policy are maintained by the insurer in writing and will be furnished to the insured and/or the insured's lawful representative upon written request.

This provision shall not apply to any policy which has been in effect for less than 60 days at the time notice of cancellation is mailed or delivered, unless the policy is a renewal policy.

**B.** Paragraph 2. of the **Cancellation** Common Policy Condition is replaced by the following:

**2.** If this policy has been in effect for less than 60 days, we may cancel this policy for any reason subject to the following:

**a.** We may cancel this policy by mailing or delivering to the first Named Insured and any person entitled to notice under this policy written notice, of cancellation, at least:

**(1)** 10 days before the effective date of cancellation if we cancel for:

**(a)** Nonpayment of premium; or

**(b)** Existence of a moral hazard, as defined in N.J.A.C. 11:1-20.2(f) as follows:

**(i)** "The risk, danger or probability that the insured will destroy, or permit to be destroyed, the insured property for the purpose of collecting the insurance proceeds. Any change in the circumstances of an insured that will increase the probability of such a destruction may be considered a 'moral hazard'; and

**(ii)** "The substantial risk, danger or probability that the character, circumstances or personal habits of the insured may increase the possibility of loss or liability for which an insurer will be held responsible. Any change in the character or circumstances of an individual, corporate, partnership or other insured that will increase the probability of such a loss or liability may be considered a 'moral hazard'".

(2) 30 days before the effective date of cancellation if we cancel for any other reason.

b. In the notice of cancellation which is sent to the first Named Insured, we will state the reason for cancellation.

C. The following is added to the **Cancellation** Common Policy Condition:

**7. Cancellation Of Policies In Effect For 60 Days Or More**

a. If this policy has been in effect for 60 days or more, or is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) Existence of a moral hazard, as defined in N.J.A.C. 11:1-20.2(f);
- (3) Material misrepresentation or nondisclosure to us of a material fact at the time of acceptance of the risk;
- (4) Increased hazard or material change in the risk assumed which we could not have reasonably contemplated at the time of assumption of the risk;
- (5) Substantial breaches of contractual duties, conditions or warranties that materially affect the nature and/or insurability of the risk;
- (6) Lack of cooperation from the insured on loss control matters materially affecting insurability of the risk;
- (7) Fraudulent acts against us by the insured or its representative that materially affect the nature of the risk insured;
- (8) Loss of or reduction in available insurance capacity;
- (9) Material increase in exposure arising out of changes in statutory or case law subsequent to the issuance of the insurance contract or any subsequent renewal;
- (10) Loss of or substantial changes in applicable reinsurance;
- (11) Failure by the insured to comply with any Federal, State or local fire, health, safety or building or construction regulation, law or ordinance with respect to an insured risk which substantially increases any hazard insured against within 60 days of written notification of a violation of any such law, regulation or ordinance;

(12) Failure by the insured to provide reasonable and necessary underwriting information to us upon written request therefore and a reasonable opportunity to respond.

(13) Agency termination, provided:

(a) We document that replacement coverage at comparable rates and terms has been provided to the first Named Insured, and we have informed the first Named Insured, in writing, of the right to continue coverage with us; or

(b) We have informed the first Named Insured, in writing, of the right to continue coverage with us and the first Named Insured has agreed, in writing, to the cancellation or nonrenewal based on the termination of the first Named Insured's appointed agent.

(14) Any other reasons in accordance with our underwriting guidelines for cancellation of commercial lines coverage.

b. If we cancel this policy based on Paragraph 7.a.(1) or (2) above, we will mail or deliver a written notice, to the first Named Insured and any person entitled to notice under this policy, at least 10 days before the effective date of cancellation. If we cancel this policy for any other reason listed above, we will mail or deliver a written notice to the first Named Insured and any person entitled to notice under this policy, not more than 120 days nor less than 30 days before the effective date of such cancellation.

c. In the notice of cancellation which is sent to the first Named Insured, we will state the reason for cancellation. For cancellation due to the nonpayment of premium, the notice will state the effect of nonpayment by the due date. Cancellation for nonpayment of premium will not be effective if payment of the amount due is made before the effective date set forth in the notice.

d. Notice will be sent to the last mailing addresses known to us, by:

(1) Certified mail; or

(2) First class mail, if we have obtained from the post office a date stamped proof of mailing showing names and addresses.

- e. We need not send notice of cancellation if you have:
    - (1) Replaced coverage elsewhere; or
    - (2) Specifically requested termination.
- D. The following is added and supersedes any other provision to the contrary:

**NONRENEWAL**

- 1. We may elect not to renew this policy for any reason permitted to cancel it. If we elect not to renew this policy, we will mail a notice of nonrenewal, stating the reasons for nonrenewal, to the first Named Insured at least 30 days but not more than 120 days before the expiration date of this policy. If this policy does not have a fixed expiration date, it shall be deemed to expire annually on the anniversary of its inception.

- 2. This notice will be sent to the first Named Insured at the last mailing address known to us by:
  - a. Certified mail; or
  - b. First class mail, if we have obtained from the post office a date stamped proof of mailing showing the first Named Insured's name and address.
- 3. We need not mail or deliver this notice if you have:
  - a. Replaced coverage elsewhere; or
  - b. Specifically requested termination.

IL 02 46 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PENNSYLVANIA CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
FARM COVERAGE PART  
FARM UMBRELLA LIABILITY POLICY  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**A. The **Cancellation** Common Policy Condition is replaced by the following:**

### **CANCELLATION**

**1. The first Named Insured shown in the Declarations may cancel this policy by writing or giving notice of cancellation.**

**2. **Cancellation Of Policies In Effect For Less Than 60 Days****

We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least 30 days before the effective date of cancellation.

**3. **Cancellation Of Policies In Effect For 60 Days Or More****

If this policy has been in effect for 60 days or more or if this policy is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

**a. You have made a material misrepresentation which affects the insurability of the risk. Notice of cancellation will be mailed or delivered at least 15 days before the effective date of cancellation.**

**b. You have failed to pay a premium when due, whether the premium is payable directly to us or our agents or indirectly under a premium finance plan or extension of credit. Notice of cancellation will be mailed at least 15 days before the effective date of cancellation.**

**c. A condition, factor or loss experience material to insurability has changed substantially or a substantial condition, factor or loss experience material to insurability has become known during the policy period. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.**

**d. Loss of reinsurance or a substantial decrease in reinsurance has occurred, which loss or decrease, at the time of cancellation, shall be certified to the Insurance Commissioner as directly affecting in-force policies. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.**

**e. Material failure to comply with policy terms, conditions or contractual duties. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.**

- f. Other reasons that the Insurance Commissioner may approve. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.

This policy may also be cancelled from inception upon discovery that the policy was obtained through fraudulent statements, omissions or concealment of facts material to the acceptance of the risk or to the hazard assumed by us.

- 4. We will mail or deliver our notice to the first Named Insured's last mailing address known to us. Notice of cancellation will state the specific reasons for cancellation.
- 5. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- 6. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata and will be returned within 10 business days after the effective date of cancellation. If the first Named Insured cancels, the refund may be less than pro rata and will be returned within 30 days after the effective date of cancellation. The cancellation will be effective even if we have not made or offered a refund.

- 7. If notice is mailed, it will be by registered or first class mail. Proof of mailing will be sufficient proof of notice.

**B. The following are added and supersede any provisions to the contrary:**

**1. Nonrenewal**

If we decide not to renew this policy, we will mail or deliver written notice of nonrenewal, stating the specific reasons for nonrenewal, to the first Named Insured at least 60 days before the expiration date of the policy.

**2. Increase Of Premium**

If we increase your renewal premium, we will mail or deliver to the first Named Insured written notice of our intent to increase the premium at least 30 days before the effective date of the premium increase.

Any notice of nonrenewal or renewal premium increase will be mailed or delivered to the first Named Insured's last known address. If notice is mailed, it will be by registered or first class mail. Proof of mailing will be sufficient proof of notice.



IL 02 68 01 14

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NEW YORK CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
EQUIPMENT BREAKDOWN COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**A. Paragraphs 1., 2., 3. and 5. of the Cancellation Common Policy Condition are replaced by the following:**

1. The first Named Insured shown in the Declarations may cancel this entire policy by mailing or delivering to us advance written notice of cancellation.

**2. Cancellation Of Policies In Effect**

**a. 60 Days Or Less**

We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:

- (1) 30 days before the effective date of cancellation if we cancel for any reason not included in Paragraph **A.2.b.** below.
- (2) 15 days before the effective date of cancellation if we cancel for any of the reasons included in Paragraph **A.2.b.** below.

**b. For More Than 60 Days**

If this policy has been in effect for more than 60 days, or if this policy is a renewal or continuation of a policy we issued, we may cancel only for any of the reasons listed below, provided we mail the first Named Insured written notice at least 15 days before the effective date of cancellation:

- (1) Nonpayment of premium, provided however, that a notice of cancellation on this ground shall inform the first Named Insured of the amount due;

- (2) Conviction of a crime arising out of acts increasing the hazard insured against;
- (3) Discovery of fraud or material misrepresentation in the obtaining of the policy or in the presentation of a claim;
- (4) After issuance of the policy or after the last renewal date, discovery of an act or omission, or a violation of any policy condition, that substantially and materially increases the hazard insured against, and which occurred subsequent to inception of the current policy period;
- (5) Material physical change in the property insured, occurring after issuance or last annual renewal anniversary date of the policy, which results in the property becoming uninsurable in accordance with our objective, uniformly applied underwriting standards in effect at the time the policy was issued or last renewed; or material change in the nature or extent of the risk, occurring after issuance or last annual renewal anniversary date of the policy, which causes the risk of loss to be substantially and materially increased beyond that contemplated at the time the policy was issued or last renewed;
- (6) Required pursuant to a determination by the Superintendent that continuation of our present premium volume would jeopardize our solvency or be hazardous to the interest of our policyholders, our creditors or the public;



(7) A determination by the Superintendent that the continuation of the policy would violate, or would place us in violation of, any provision of the Insurance Code; or

(8) Where we have reason to believe, in good faith and with sufficient cause, that there is a probable risk of danger that the insured will destroy, or permit to be destroyed, the insured property for the purpose of collecting the insurance proceeds. If we cancel for this reason, you may make a written request to the Department of Financial Services, within 10 days of receipt of this notice, to review our cancellation decision. Also, we will simultaneously send a copy of this cancellation notice to the Department of Financial Services.

3. We will mail or deliver our notice, including the reason for cancellation, to the first Named Insured at the address shown in the policy and to the authorized agent or broker.

5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata.

However, when the premium is advanced under a premium finance agreement, the cancellation refund will be pro rata. Under such financed policies, we will be entitled to retain a minimum earned premium of 10% of the total policy premium or \$60, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.

**B. The following is added to the Cancellation Common Policy Condition:**

7. If one of the reasons for cancellation in Paragraph **A.2.b.** or **D.2.b.(2)** exists, we may cancel this entire policy, even if the reason for cancellation pertains only to a new coverage or endorsement initially effective subsequent to the original issuance of this policy.

**C. The following conditions are added:**

**1. Nonrenewal**

If we decide not to renew this policy we will send notice as provided in Paragraph **C.3.** below.

**2. Conditional Renewal**

If we conditionally renew this policy subject to:

a. A change of limits;

b. A change in type of coverage;

c. A reduction of coverage;

d. An increased deductible;

e. An addition of exclusion; or

f. Increased premiums in excess of 10%, exclusive of any premium increase due to and commensurate with insured value added or increased exposure units; or as a result of experience rating, loss rating, retrospective rating or audit;

we will send notice as provided in Paragraph **C.3.** below.

**3. Notices Of Nonrenewal And Conditional Renewal**

a. If we decide not to renew this policy or to conditionally renew this policy as provided in Paragraphs **C.1.** and **C.2.** above, we will mail or deliver written notice to the first Named Insured shown in the Declarations at least 60 but not more than 120 days before:

(1) The expiration date; or

(2) The anniversary date if this is a continuous policy.

b. Notice will be mailed or delivered to the first Named Insured at the address shown in the policy and to the authorized agent or broker. If notice is mailed, proof of mailing will be sufficient proof of notice.

c. Notice will include the specific reason(s) for nonrenewal or conditional renewal, including the amount of any premium increase for conditional renewal and description of any other changes.

d. If we violate any of the provisions of Paragraph **C.3.a., b.** or **c.** above by sending the first Named Insured an incomplete or late conditional renewal notice or a late nonrenewal notice:

(1) And if notice is provided prior to the expiration date of this policy, coverage will remain in effect at the same terms and conditions of this policy at the lower of the current rates or the prior period's rates until 60 days after such notice is mailed or delivered, unless the first Named Insured, during this 60-day period, has replaced the coverage or elects to cancel;

- (2) And if the notice is provided on or after the expiration date of this policy, coverage will remain in effect at the same terms and conditions of this policy for another policy period, at the lower of the current rates or the prior period's rates, unless the first Named Insured, during this additional policy period, has replaced the coverage or elects to cancel.
  - e. If you elect to renew on the basis of a late conditional renewal notice, the terms, conditions and rates set forth in such notice shall apply:
    - (1) Upon expiration of the 60-day period, unless Subparagraph (2) below applies; or
    - (2) Notwithstanding the provisions in Paragraphs d.(1) and d.(2), as of the renewal date of the policy if the conditional renewal notice was sent at least 30 days prior to the expiration or anniversary date of the policy.
  - f. We will not send you notice of nonrenewal or conditional renewal if you, your authorized agent or broker or another insurer of yours mails or delivers notice that the policy has been replaced or is no longer desired.
- D. The following provisions apply when the Commercial Property Coverage Part, the Farm Coverage Part or the Capital Assets Program (Output Policy) Coverage Part is made a part of this policy:
- 1. Items D.2. and D.3. apply if this policy meets the following conditions:
    - a. The policy is issued or issued for delivery in New York State covering property located in this state; and
    - b. The policy insures:
      - (1) For loss of or damage to structures, other than hotels or motels, used predominantly for residential purposes and consisting of no more than four dwelling units; or
      - (2) For loss of or damage to personal property other than farm personal property or business property; or
      - (3) Against damages arising from liability for loss of, damage to or injury to persons or property, except liability arising from business or farming; and
  - c. The portion of the annual premium attributable to the property and contingencies described in 1.b. exceeds the portion applicable to other property and contingencies.
2. Paragraph 2. of the **Cancellation** Common Policy Condition is replaced by the following:
- 2. Procedure And Reasons For Cancellation**
- a. We may cancel this entire policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
    - (1) 15 days before the effective date of cancellation if we cancel for nonpayment of premium, provided however, that a notice of cancellation on this ground shall inform the first Named Insured of the amount due; or
    - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
  - b. But if this policy:
    - (1) Has been in effect for more than 60 days; or
    - (2) Is a renewal of a policy we issued; we may cancel this policy only for one or more of the following reasons:
      - (1) Nonpayment of premium, provided however, that a notice of cancellation on this ground shall inform the first Named Insured of the amount due;
      - (2) Conviction of a crime arising out of acts increasing the risk of loss;
      - (3) Discovery of fraud or material misrepresentation in obtaining the policy or in making a claim;
      - (4) Discovery of willful or reckless acts or omissions increasing the risk of loss;
      - (5) Physical changes in the covered property that make that property uninsurable in accordance with our objective and uniformly applied underwriting standards in effect when we:
        - (a) Issued the policy; or
        - (b) Last voluntarily renewed the policy;

- (6) The Superintendent of Financial Services' determination that continuing the policy would violate Chapter 28 of the Insurance Law; or
- (7) Required pursuant to a determination by the Superintendent of Financial Services that the continuation of our present premium volume would be hazardous to the interests of our policyholders, our creditors or the public.

3. The following are added:

**a. Conditional Continuation**

Instead of cancelling this policy, we may continue it on the condition that:

- (1) The policy limits be changed; or
- (2) Any coverage not required by law be eliminated.

If this policy is conditionally continued, we will mail or deliver to the first Named Insured written notice at least 20 days before the effective date of the change or elimination. We will mail or deliver our notice to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice. Delivery of the notice will be the same as mailing.

**b. Nonrenewal**

If, as allowed by the laws of New York State, we:

- (1) Do not renew this policy; or
- (2) Condition policy renewal upon:
  - (a) Change of limits; or
  - (b) Elimination of coverage;

we will mail or deliver written notice of nonrenewal or conditional renewal:

- (a) At least 45 days; but
- (b) Not more than 60 days;

before the expiration date of the policy. We will mail or deliver our notice to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice. Delivery of the notice will be the same as mailing.

- E.** The following is added to the Farm Property – Other Farm Provisions Form – Additional Coverages, Conditions, Definitions, the Commercial Property Coverage Part and the Capital Assets Program (Output Policy) Coverage Part:

When the property is subject to the Anti-arson Application in accordance with New York Department of Financial Services' Insurance Regulation No. 96, the following provisions are added:

If you fail to return the completed, signed and affirmed anti-arson application to us:

- 1. Or our broker or agent within 45 days of the effective date of a new policy, we will cancel the entire policy by giving 20 days' written notice to you and to the mortgageholder shown in the Declarations.
- 2. Before the expiration date of any policy, we will cancel the policy by giving written notice to you and to the mortgageholder shown in the Declarations at least 15 days before the effective date of cancellation.

The cancellation provisions set forth in **E.1.** and **E.2.** above supersede any contrary provisions in this policy including this endorsement.

If the notice in **E.1.** or **E.2.** above is mailed, proof of mailing will be sufficient proof of notice. Delivery of the notice will be the same as mailing.

- F.** The following applies to the Commercial Property Coverage Part, the Farm Coverage Part and the Capital Assets Program (Output Policy) Coverage Part:

Paragraphs **f.** and **g.** of the **Mortgageholders** Condition are replaced by the following:

**f. Cancellation**

- (1) If we cancel this policy, we will give written notice to the mortgageholder at least:
  - (a) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - (b) 30 days before the effective date of cancellation if we cancel for any other reason.

(2) If you cancel this policy, we will give written notice to the mortgageholder. With respect to the mortgageholder's interest only, cancellation will become effective on the later of:

- (a) The effective date of cancellation of the insured's coverage; or
- (b) 10 days after we give notice to the mortgageholder.

**g. Nonrenewal**

(1) If we elect not to renew this policy, we will give written notice to the mortgageholder at least 10 days before the expiration date of this policy.

(2) If you elect not to renew this policy, we will give written notice to the mortgageholder. With respect to the mortgageholder's interest only, nonrenewal will become effective on the later of:

- (a) The expiration date of the policy; or
- (b) 10 days after we give notice to the mortgageholder.

**G.** The following provisions apply when the following are made a part of this policy:

Commercial General Liability Coverage Part  
 Employment-Related Practices Liability Coverage Part  
 Farm Liability Coverage Form  
 Liquor Liability Coverage Part  
 Products/Completed Operations Liability Coverage Part

- 1. The aggregate limits of this policy as shown in the Declarations will be increased in proportion to any policy extension provided in accordance with Paragraph **C.3.d.** above.
- 2. The last sentence of Limits Of Insurance does not apply when the policy period is extended because we sent the first Named Insured an incomplete or late conditional renewal notice or a late nonrenewal notice.

IL 09 10 07 02

## PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. Surveys;
2. Consultation or advice; or
3. Inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. If the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. To consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. If any acts or omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual malice, or gross negligence.

### Instruction to Policy Writers

Attach the Pennsylvania Notice to all new and renewal certificates insuring risks located in Pennsylvania.

IL 09 35 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES**

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 STANDARD PROPERTY POLICY

- A.** We will not pay for loss ("loss") or damage caused directly or indirectly by the following. Such loss ("loss") or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss ("loss") or damage.
- 1.** The failure, malfunction or inadequacy of:
    - a.** Any of the following, whether belonging to any insured or to others:
      - (1)** Computer hardware, including micro-processors;
      - (2)** Computer application software;
      - (3)** Computer operating systems and related software;
      - (4)** Computer networks;
      - (5)** Microprocessors (computer chips) not part of any computer system; or
      - (6)** Any other computerized or electronic equipment or components; or
    - b.** Any other products, and any services, data or functions that directly or indirectly use or rely upon, in any manner, any of the items listed in Paragraph **A.1.a.** of this endorsement;

due to the inability to correctly recognize, process, distinguish, interpret or accept one or more dates or times. An example is the inability of computer software to recognize the year 2000.
  - 2.** Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in Paragraph **A.1.** of this endorsement.
- B.** If an excluded Cause of Loss as described in Paragraph **A.** of this endorsement results:
- 1.** In a Covered Cause of Loss under the Crime and Fidelity Coverage Part, the Commercial Inland Marine Coverage Part or the Standard Property Policy; or
  - 2.** Under the Commercial Property Coverage Part:
    - a.** In a "Specified Cause of Loss", or in elevator collision resulting from mechanical breakdown, under the Causes of Loss – Special Form; or
    - b.** In a Covered Cause of Loss under the Causes Of Loss – Basic Form or the Causes Of Loss – Broad Form;

we will pay only for the loss ("loss") or damage caused by such "Specified Cause of Loss", elevator collision, or Covered Cause of Loss.
- C.** We will not pay for repair, replacement or modification of any items in Paragraphs **A.1.a.** and **A.1.b.** of this endorsement to correct any deficiencies or change any features.

IL 09 52 01 15

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
EQUIPMENT BREAKDOWN COVERAGE PART  
FARM COVERAGE PART  
STANDARD PROPERTY POLICY

### **A. Cap On Certified Terrorism Losses**

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

### **B. Application Of Exclusions**

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.



POLICY NUMBER: MPA00000025695Z

IL 09 85 01 15

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

## **DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE**

<b>SCHEDULE – PART I</b>		
<b>Terrorism Premium (Certified Acts)    \$0</b> <b>This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):</b> Commercial General Liability Coverage Part Commercial Property Coverage Part		
<b>Additional information, if any, concerning the terrorism premium:</b>		
<b>SCHEDULE – PART II</b>		
<b>Federal share of terrorism losses</b>	<b>%</b>	<b>Year:</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>%</b>	<b>Year:</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>%</b>	<b>Year:</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>%</b>	<b>Year:</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>%</b>	<b>Year:</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>80%</b>	<b>Year: 2020 - 2027</b>
(Refer to Paragraph B. in this endorsement.)		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

#### **A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

POLICY NUMBER: MPA00000025695Z

IL 09 95 01 07

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## CONDITIONAL EXCLUSION OF TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORISM RISK INSURANCE ACT)

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 EQUIPMENT BREAKDOWN PROTECTION COVERAGE FORM  
 FARM COVERAGE PART  
 STANDARD PROPERTY POLICY

### SCHEDULE

The <b>Exception Covering Certain Fire Losses</b> (Paragraph D.) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:	
State(s)	Coverage Form, Coverage Part Or Policy
CA, CT, GA, IA, ID, IL, MA, ME, MO, NC, NJ, NY, OR, RI, VA, WA, WI, WV	Commercial Property Coverage Part
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

#### A. Applicability Of The Provisions Of This Endorsement

1. The provisions of this endorsement become applicable commencing on the date when any one or more of the following first occurs. But if your policy (meaning the policy period in which this endorsement applies) begins after such date, then the provisions of this endorsement become applicable on the date your policy begins.

- a. The federal Terrorism Risk Insurance Program ("Program"), established by the Terrorism Risk Insurance Act, has terminated with respect to the type of insurance provided under this Coverage Form, Coverage Part or Policy; or

b. A renewal, extension or replacement of the Program has become effective without a requirement to make terrorism coverage available to you and with revisions that:

- (1) Increase our statutory percentage deductible under the Program for terrorism losses. (That deductible determines the amount of all certified terrorism losses we must pay in a calendar year, before the federal government shares in subsequent payment of certified terrorism losses.); or
- (2) Decrease the federal government's statutory percentage share in potential terrorism losses above such deductible; or
- (3) Redefine terrorism or make insurance coverage for terrorism subject to provisions or requirements that differ from those that apply to other types of events or occurrences under this policy.

2. If the provisions of this endorsement become applicable, such provisions:

- a. Supersede any terrorism endorsement already endorsed to this policy that addresses "certified acts of terrorism" and/or "other acts of terrorism", but only with respect to loss or damage from an incident(s) of terrorism (however defined) that occurs on or after the date when the provisions of this endorsement become applicable; and
- b. Remain applicable unless we notify you of changes in these provisions, in response to federal law.

3. If the provisions of this endorsement do NOT become applicable, any terrorism endorsement already endorsed to this policy, that addresses "certified acts of terrorism" and/or "other acts of terrorism", will continue in effect unless we notify you of changes to that endorsement in response to federal law.

B. The following definition is added and applies under this endorsement wherever the term terrorism is enclosed in quotation marks.

"Terrorism" means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:
  - a. Use or threat of force or violence; or
  - b. Commission or threat of a dangerous act; or
  - c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
2. When one or both of the following applies:
  - a. The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
  - b. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

C. The following exclusion is added:

#### **EXCLUSION OF TERRORISM**

We will not pay for loss or damage caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss. **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

1. The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or

5. The total of insured damage to all types of property in the United States, its territories and possessions, Puerto Rico and Canada exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions. Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the threshold is exceeded.

With respect to this Item **C.5.**, the immediately preceding paragraph describes the threshold used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this Exclusion will apply to that incident. When the Exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Form, Coverage Part or Policy.

#### **D. Exception Covering Certain Fire Losses**

The following exception to the Exclusion Of Terrorism applies only if indicated and as indicated in the Schedule of this endorsement.

If "terrorism" results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.

#### **E. Application Of Other Exclusions**

1. When the Exclusion Of Terrorism applies in accordance with the terms of **C.1.** or **C.2.**, such exclusion applies without regard to the Nuclear Hazard Exclusion in this Coverage Form, Coverage Part or Policy.
2. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss or damage which would otherwise be excluded under this Coverage Form, Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

**IL-7166  
(Ed. 8-06)**

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.**

**MARYLAND CHANGES – RENEWAL LIMITS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM  
COMMERCIAL PROPERTY COVERAGE PART

The following is added to Property Conditions:

In order to maintain approximate insurance to value, we may increase building and business personal property limits of insurance at each renewal. The percentage increase will be determined based on factors such as the rate of inflation.

**IL-7185**  
**(Ed. 9-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## NOTICE OF CANCELLATION OR NONRENEWAL FOR DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under this policy:

### SCHEDULE

Policy Period: Effective date:06/15/2021 to      Expiration date: 06/15/2022		
Name of Person or Organization:	Project I.D.:	Mailing Address or Email Address:
Federal Business Centers Inc		Attn:Susanne Zoda Raritan Ctr Business Pk,300 Raritan Ctr Pkwy, Edison,NJ 08837
Blue Rock Construction Inc		1712 Hancock Ln, Burlington, NJ 08016
Consolidated Rail Corporation		1000 Howard Blvd, Mt Laurel, NJ 08054
Alston Construction Company Inc		C/O My COI, 1075 Broad Ripple Ave Ste 313, Indianapolis, IN 46220
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or additional separate Schedule.		

The following **Condition** is added:

If we cancel or nonrenew this policy, other than for non-payment of premium or at the request of the Named Insured, we will provide advance written notice of such cancellation or nonrenewal to the person(s) or organization(s) listed in the SCHEDULE above. Such notice will be provided to such person(s) or organization(s) no less than the number of days in advance of the effective date of cancellation that we are required to provide to the Named Insured for such cancellation or nonrenewal. At our election, the notice shall either be mailed by first class mail, postage prepaid to the address indicated in the SCHEDULE for such person or organization or sent by electronic mail to the email address set forth in the SCHEDULE for such person or organization. Such notice shall identify the policy, including the identity of the Named Insured, being cancelled or nonrenewed and provide the effective date of cancellation or nonrenewal. If sent by first class mail, proof of mailing constitutes proof of notice. If sent by email, proof of sending constitutes proof of notice.

Our obligation to send notice to the person or organization listed in the SCHEDULE above shall terminate the earlier of: i) the end of the current Policy Period; or ii) when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation or nonrenewal.



MPA00000025695Z



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Harleysville Preferred Insurance Company  
355 Maple Avenue  
Harleysville, PA 19438-2297

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICY CHANGES

**Change Effective:** 06/15/2021

**Change #:** 1

### Description

Premium base for class code 91560 is amended to \$4,965,509.  
Premium base for class code 91585 is amended to \$5,732,118.  
Premium base for class code 91580 is amended to \$278,205.  
Premium base for class code 91590 is amended to \$329,969.  
Premium base for class code 91560 is amended to \$800,000.

Original Annual Premium	\$ 119,843.00	New Annual Premium	\$ 264,143.00	Total Additional/ Return Premium	\$ 144,300.00
					<b>ADDITIONAL</b>

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**GU-7001 (Ed. 4-16)**

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Issued: 10/07/2021

HAR 01250



MPA00000025695Z



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Harleysville Preferred Insurance Company  
355 Maple Avenue  
Harleysville, PA 19438-2297

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL LINES COMMON POLICY DECLARATIONS

### Named Insured and Mailing Address:

GMAC Construction LLC  
PO Box 176  
Swedesboro, NJ 08085-0176

### Agent:

KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034

**Agency Code:** 294727  
**Phone Number:** (856)429-6000

**Policy Period:** 06/15/2021 to 06/15/2022

at 12:01 A.M. Standard Time at your mailing address shown above.

### Business Description:

Concrete Contractor

### Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 912.00
Commercial General Liability Coverage Part	\$ 261,956.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total	\$ 262,868.00
Fees and Surcharge – See Schedule GU-7015 (If Applicable)	\$ 1,275.00
<b>Total</b>	<b>\$ 264,143.00</b>

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
SEE SCHEDULES **GU-7004** and **GU-7009**

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HAR 01252

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Harleysville Preferred Insurance Company  
355 Maple Avenue  
Harleysville, PA 19438-2297

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT

## **FEES AND SURCHARGE SCHEDULE**

New Jersey Property-Liability Insurance Guaranty Association Surcharge	\$ 1,275.00
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MPA00000025695Z



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Harleysville Preferred Insurance Company  
355 Maple Avenue  
Harleysville, PA 19438-2297

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Renewal Limits
* IL7185	0910	Notice of Canc and Nonrcn for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
CP7130	1115	Commercial Property Plus II Endorsement
CP7136	0917	Equipment Breakdown Coverage

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**GU-7004 (Ed. 4-16)**

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Issued: 10/07/2021

HAR 01254



MPA00000025695Z



Harleysville Preferred Insurance Company  
355 Maple Avenue  
Harleysville, PA 19438-2297

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CP9903	1219	Cannabis Exclusion LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0104	1204	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG0201	1217	Maryland Changes
* CG0435	1207	Employee Benefits Liability Coverage
* CG2028	0704	Addl Ins - Lessor of Leased Equipment
CG2147	1207	Employment-Related Practices Exclusion
* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7241	1009	Exclusion - Snow and Ice Removal
CG7254	1210	Addl Ins-Owners, Lessees or Contractors-Auto Status
CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
CG7350	0710	Exclusion -Contractors Professional Liability
CG7356	1210	General Liability Enhancement Plus Endt-Contractors
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog

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**Nationwide®**  
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355 Maple Avenue  
Harleysville, PA 19438-2297**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement



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**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICYHOLDER NOTICE SCHEDULE

The following material contains important information about your policy. Please read it carefully.

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
IN8028	0220	Policyholder Notice Cannabis Exclusion
ST7115	0416	Premium Audit Notice
ST7419	0417	New Jersey Earthquake Insurance Availability Notice
ST7520	0704	Amendment Of Insured Contract Definition
ST7555	0416	Important Notice to Policyholders
ST7629	0913	Notice of Underwriting Period-Notice to Policyholders
ST7653	0416	Contractor and Property Owners Best Practices
ST7687	0121	Notice to Policyholders
ST7851	1114	Notice to Policyholders - Be Prepared For Data Breach

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**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$	1,000,000	Each Occurrence Limit
\$	See CG2502	Damage to Premises Rented to You Limit
\$	5,000	Medical Expense Limit (Any One Person)
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						

<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>	222,070.00	39,886.00
--	------------	-----------

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

10/07/2021  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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355 Maple Avenue  
Harleysville, PA 19438-2297

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CONCRETE CONSTRUCTION	91560	4,965,509 PAYROLL	29.193	5.982	144,958	29,704
PREM NO. 001 CONTR-SUB-REPAIR BLDG-NOC	91585	5,732,118 TOTAL COST	1.654	1.286	9,481	7,372
PREM NO. 001 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	278,205 PAYROLL	38.600		10,739	INCL
PREM NO. 001 CONTR PERMANENT YARD Prod/Comp Op subj to Gen Agg Limit	91590	329,969 PAYROLL	14.985		4,945	INCL
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL

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**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
CYBERONE		IF ANY			385	
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	

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**Insured:** GMAC Construction LLC  
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**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				

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**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CG2028-ADDL INS-LESSOR OF LEASED EQUIP		IF ANY			100	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICY CHANGES

**Change Effective:** 03/11/2022

**Change #:** 2

### Description

First Trust Bank is added as Lenders Loss Payee for location 1 & 2.

Original Annual Premium	\$ 264,143.00	New Annual Premium	\$ 264,143.00	Total Additional/ Return Premium	\$	NO CHANGE
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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL LINES COMMON POLICY DECLARATIONS

### Named Insured and Mailing Address:

GMAC Construction LLC  
PO Box 176  
Swedesboro, NJ 08085-0176

### Agent:

KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034

**Agency Code:** 294727  
**Phone Number:** (856)429-6000

**Policy Period:** 06/15/2021 to 06/15/2022

at 12:01 A.M. Standard Time at your mailing address shown above.

### Business Description:

Concrete Contractor

### Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 912.00
Commercial General Liability Coverage Part	\$ 261,956.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total \$ 262,868.00  
Fees and Surcharge – See Schedule GU-7015 (If Applicable) \$ 1,275.00  
Total \$ 264,143.00

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
SEE SCHEDULES **GU-7004** and **GU-7009**

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## LOCATION SCHEDULE

Premises No.	Bldg. No.	Address
001	ALL	54 Cassandra Ln Swedesboro, NJ 08085-5034
002	ALL	592 Paulsboro Rd Swedesboro, NJ 08085-4400
003	ALL	368 Swedesboro Ave Mickleton, NJ 08056-1245
004	ALL	25 Eagle St Albany, NY 12207-1901
005	ALL	5530 Wisconsin Ave Chevy Chase, MD 20815-4404
006	ALL	2347 N 7th St Harrisburg, PA 17110-9800

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AMENDMENT

## **NAMED INSURED SCHEDULE**

GMAC Contracting Inc

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AMENDMENT

## **FEES AND SURCHARGE SCHEDULE**

New Jersey Property-Liability Insurance Guaranty Association Surcharge	\$ 1,275.00
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## FORM SCHEDULE

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Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Renewal Limits
* IL7185	0910	Notice of Canc and Nonrcn for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
* CP1218	0607	Loss Payable Provisions
CP7130	1115	Commercial Property Plus II Endorsement

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## FORM SCHEDULE

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CP9903	1219	Cannabis Exclusion
		LIABILITY FORMS
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CG0099	1185	Changes in General Liability Forms for Commercial Pkg
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CG0163	0711	New York Changes-Commercial General Liability Cov Form
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* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7241	1009	Exclusion - Snow and Ice Removal
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CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
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CG7356	1210	General Liability Enhancement Plus Endt-Contractors

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Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement

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Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICYHOLDER NOTICE SCHEDULE

The following material contains important information about your policy. Please read it carefully.

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Form	Edition	Description
		POLICY FORMS
IN8028	0220	Policyholder Notice Cannabis Exclusion
ST7115	0416	Premium Audit Notice
ST7419	0417	New Jersey Earthquake Insurance Availability Notice
ST7520	0704	Amendment Of Insured Contract Definition
ST7555	0416	Important Notice to Policyholders
ST7629	0913	Notice of Underwriting Period-Notice to Policyholders
ST7653	0416	Contractor and Property Owners Best Practices
ST7687	0121	Notice to Policyholders
ST7851	1114	Notice to Policyholders - Be Prepared For Data Breach



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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$ 1,000,000	Each Occurrence Limit
\$ See CG2502	Damage to Premises Rented to You Limit
\$ 5,000	Medical Expense Limit (Any One Person)
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$ 3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						

<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>	222,070.00	39,886.00
--	------------	-----------

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

03/17/2022  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CONCRETE CONSTRUCTION	91560	4,965,509 PAYROLL	29.193	5.982	144,958	29,704
PREM NO. 001 CONTR-SUB-REPAIR BLDG-NOC	91585	5,732,118 TOTAL COST	1.654	1.286	9,481	7,372
PREM NO. 001 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	278,205 PAYROLL	38.600		10,739	INCL
PREM NO. 001 CONTR PERMANENT YARD Prod/Comp Op subj to Gen Agg Limit	91590	329,969 PAYROLL	14.985		4,945	INCL
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
CYBERONE		IF ANY			385	
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	

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HAR 01277



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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				

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HAR 01278

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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HAR 01280

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CG2028-ADDL INS-LESSOR OF LEASED EQUIP		IF ANY			100	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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HAR 01281

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

Agent # 294727

**BUSINESS DESCRIPTION:** Concrete Contractor

### DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
SEE SCHEDULE CP-7162		

SEE SCHEDULE CP-7162

### COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### OPTIONAL COVERAGES:

#### APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### DEDUCTIBLE:

SEE SCHEDULE CP-7162

### MORTGAGE HOLDERS:

SEE SCHEDULE GU-7007 IF APPLICABLE

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 and GU-7009

**TOTAL PREMIUM FOR THIS COVERAGE PART \$** 912.00

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

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**CP-7161 (Ed. 4-16)**

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HAR 01282



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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

### DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
001	001	54 Cassandra Ln Swedesboro, NJ 08085-5034 OFFICE PC 04 FRAME
002	001	592 Paulsboro Rd Swedesboro, NJ 08085-4400 OFFICE PC 04 FRAME

### COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
001	001	BUSINESS PERS PROPERTY	51,900	SPECIAL	80%	500
001	001	BUSINESS INCOME-BASIC w/EE (b)	50,000	SPECIAL	80%	72-Hour
002	001	BUSINESS PERS PROPERTY	3,400	SPECIAL	80%	500
002	001	BUSINESS INCOME-BASIC w/EE (b)	5,000	SPECIAL	80%	72-Hour

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
001	001	BUSINESS PERS PROPERTY			(X)	
002	001	BUSINESS PERS PROPERTY			(X)	

### OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
-----------	-----------	-------------------	---------------------	---------------------------------------	-----------------------------	-------------------------------------

### Deductible Exceptions:

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(b) Other than Rental Value

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Issued: 03/17/2022

HAR 01283

MPA00000025695Z

POLICY NUMBER: MPA00000025695Z

**COMMERCIAL PROPERTY**  
**CP 12 18 06 07****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LOSS PAYABLE PROVISIONS**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
 BUILDERS' RISK COVERAGE FORM  
 CONDOMINIUM ASSOCIATION COVERAGE FORM  
 CONDOMINIUM COMMERCIAL UNIT OWNERS COVERAGE FORM  
 STANDARD PROPERTY POLICY

**SCHEDULE**

<b>Premises Number:</b>	1	<b>Building Number:</b>	1	<b>Applicable Clause (Enter C., D., E., or F.):</b>	D
<b>Description Of Property:</b> 54 Cassandra Ln Swedesboro, NJ 08085  <b>Loss Payee Name:</b> Firsttrust Bank 15 E Ridge Pike  <b>Loss Payee Address:</b> Conshohocken, PA 19428					
<b>Premises Number:</b>	2	<b>Building Number:</b>	1	<b>Applicable Clause (Enter C., D., E., or F.):</b>	D
<b>Description Of Property:</b> 592 Paulsboro Rd Swedesboro, NJ 08085  <b>Loss Payee Name:</b> Firsttrust Bank 15 E Ridge Pike  <b>Loss Payee Address:</b> Conshohocken, PA 19428					
<b>Premises Number:</b>		<b>Building Number:</b>		<b>Applicable Clause (Enter C., D., E., or F.):</b>	
<b>Description Of Property:</b>  <b>Loss Payee Name:</b>  <b>Loss Payee Address:</b>					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					



- A.** When this endorsement is attached to the Standard Property Policy **CP 00 99**, the term Coverage Part in this endorsement is replaced by the term Policy.
- B.** Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the Covered Property, and we will not pay more than the applicable Limit of Insurance on the Covered Property.

The following is added to the **Loss Payment** Loss Condition, as indicated in the Declarations or in the Schedule:

**C. Loss Payable Clause**

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

**D. Lender's Loss Payable Clause**

1. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:
  - a. Warehouse receipts;
  - b. A contract for deed;
  - c. Bills of lading;
  - d. Financing statements; or
  - e. Mortgages, deeds of trust, or security agreements.
2. For Covered Property in which both you and a Loss Payee have an insurable interest:
  - a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.

- b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.

- c. If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
  - (1) Pays any premium due under this Coverage Part at our request if you have failed to do so;
  - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
  - (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
  - (1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
  - (2) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

3. If we cancel this policy, we will give written notice to the Loss Payee at least:
  - a. 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

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**E. Contract Of Sale Clause**

1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
2. For Covered Property in which both you and the Loss Payee have an insurable interest we will:
  - a. Adjust losses with you; and
  - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
3. The following is added to the **Other Insurance Condition**:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

**F. Building Owner Loss Payable Clause**

1. The Loss Payee shown in the Schedule or in the Declarations is the owner of the described building, in which you are a tenant.
2. We will adjust losses to the described building with the Loss Payee. Any loss payment made to the Loss Payee will satisfy your claims against us for the owner's property.
3. We will adjust losses to tenants' improvements and betterments with you, unless the lease provides otherwise.

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICY CHANGES

**Change Effective:** 03/24/2022

**Change #:** 3

### Description

IL7185-Notice of Cancellation and Nonrenewal for Designated Person or Organization-is added for RC Anderson LLC & Matrix Newburgh.

Original Annual Premium	\$ 264,143.00	New Annual Premium	\$ 264,143.00	Total Additional/ Return Premium	\$
					NO CHANGE

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**GU-7001 (Ed. 4-16)**

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Issued: 03/24/2022

HAR 01287



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**IL-7185  
(Ed. 9-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION OR NONRENEWAL  
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under this policy:

**SCHEDULE**

Policy Period: Effective date:06/15/2021 to      Expiration date: 06/15/2022		
Name of Person or Organization:	Project I.D.:	Mailing Address or Email Address:
Federal Business Centers Inc		Attn:Susanne Zoda Raritan Ctr Business Pk,300 Raritan Ctr Pkwy, Edison,NJ 08837
Blue Rock Construction Inc		1712 Hancock Ln, Burlington, NJ 08016
Consolidated Rail Corporation		1000 Howard Blvd, Mt Laurel, NJ 08054
Alston Construction Company Inc		C/O My COI, 1075 Broad Ripple Ave Ste 313, Indianapolis, IN 46220
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or additional separate Schedule.		

The following **Condition** is added:

If we cancel or nonrenew this policy, other than for non-payment of premium or at the request of the Named Insured, we will provide advance written notice of such cancellation or nonrenewal to the person(s) or organization(s) listed in the SCHEDULE above. Such notice will be provided to such person(s) or organization(s) no less than the number of days in advance of the effective date of cancellation that we are required to provide to the Named Insured for such cancellation or nonrenewal. At our election, the notice shall either be mailed by first class mail, postage prepaid to the address indicated in the SCHEDULE for such person or organization or sent by electronic mail to the email address set forth in the SCHEDULE for such person or organization. Such notice shall identify the policy, including the identity of the Named Insured, being cancelled or nonrenewed and provide the effective date of cancellation or nonrenewal. If sent by first class mail, proof of mailing constitutes proof of notice. If sent by email, proof of sending constitutes proof of notice.

Our obligation to send notice to the person or organization listed in the SCHEDULE above shall terminate the earlier of: i) the end of the current Policy Period; or ii) when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation or nonrenewal.



MPA00000025695Z

**IL-7185  
(Ed. 9-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION OR NONRENEWAL  
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under this policy:

**SCHEDULE**

Policy Period: Effective date:06/15/2021 to      Expiration date: 06/15/2022		
Name of Person or Organization:	Project I.D.:	Mailing Address or Email Address:
RC Anderson LLC & Matrix Newburgh		Route 300 LLC - 695 Route 46, Fairfield NJ 07004
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or additional separate Schedule.		

The following **Condition** is added:

If we cancel or nonrenew this policy, other than for non-payment of premium or at the request of the Named Insured, we will provide advance written notice of such cancellation or nonrenewal to the person(s) or organization(s) listed in the SCHEDULE above. Such notice will be provided to such person(s) or organization(s) no less than the number of days in advance of the effective date of cancellation that we are required to provide to the Named Insured for such cancellation or nonrenewal. At our election, the notice shall either be mailed by first class mail, postage prepaid to the address indicated in the SCHEDULE for such person or organization or sent by electronic mail to the email address set forth in the SCHEDULE for such person or organization. Such notice shall identify the policy, including the identity of the Named Insured, being cancelled or nonrenewed and provide the effective date of cancellation or nonrenewal. If sent by first class mail, proof of mailing constitutes proof of notice. If sent by email, proof of sending constitutes proof of notice.

Our obligation to send notice to the person or organization listed in the SCHEDULE above shall terminate the earlier of: i) the end of the current Policy Period; or ii) when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation or nonrenewal.

MPA00000025695Z



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One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICY CHANGES

**Change Effective:** 03/24/2022

**Change #:** 4

### Description

Form IL7185-Notice of cancellation or nonrenewal for designated person or organization-is amended as follows:  
Name of Person or Organization for RC Anderson LLC & Matrix Newburgh is amended to read 'RC Andersen LLC'.  
Matrix Newburgh Route 300 LLC is added.

Original Annual Premium	\$ 264,143.00	New Annual Premium	\$ 264,143.00	Total Additional/ Return Premium	\$
					NO CHANGE

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**GU-7001 (Ed. 4-16)**

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Issued: 03/30/2022

HAR 01291





MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers Inc and its officers, directors, employees, agents,  
representative and shareholders

Location And Description Of Completed Operations:

225 Raritan Center Pkwy

Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

CG-2037

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders Maryland LLC and any other persons or organizations whom you agreed to include as an additional insured on your policy in a written contract, written agreement or written permit between you and FCL Builders Maryland LLC

Location(s) Of Covered Operations:

All FCL Builders Maryland LLC locations as per written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,
  - on the project (other than service, maintenance or repairs) to be performed by or on behalf
  - of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its
  - intended use by any person or organization other than another contractor or subcontractor
  - engaged in performing operations for a principal as a part of the same project.

CG-2010

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders Maryland LLC and any other persons or organizations whom you agreed to include as an additional insured on your policy in a written contract, written agreement or written permit between you and FCL Builders Maryland LLC

Location And Description Of Completed Operations:

All FCL Builders Maryland, LLC locations as per written contract  
Concrete Construction

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders LLC

FCL Builders Maryland LLC

Tradepoint Atlantic LLC its affiliates, directors, officers, employees and  
agents

Location(s) Of Covered Operations:

Tradepoint Atlantic Project Liger

Tradepoint Ave, Baltimore, MD 21219

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

insured the person(s) or  
organization(s) shown in the Schedule, but only with respect to  
liability for "bodily injury",  
"property damage" or "personal and advertising injury" caused, in whole  
or in part, by:  
1. Your acts or omissions; or  
2. The acts or omissions of those acting on your behalf;  
in the performance of your ongoing operations for the additional  
insured(s) at the location(s)  
designated above.

B. With respect to the insurance afforded to these additional insureds, the  
following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage"  
occurring after:

1. All work, including materials, parts or equipment furnished in  
connection with such work,  
on the project (other than service, maintenance or repairs) to be  
performed by or on behalf  
of the additional insured(s) at the location of the covered  
operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises  
has been put to its  
intended use by any person or organization other than another  
contractor or subcontractor  
engaged in performing operations for a principal as a part of the  
same project.

CG-2010

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders LLC

FCL Builders Maryland LLC

Tradepoint Atlantic LLC its affiliates, directors, officers, employees and agents

Location And Description Of Completed Operations:

Tradepoint Atlantic Project Liger

Tradepoint Ave, Baltimore, 21219

Construction Work

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

CG-2037

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers

Location(s) Of Covered Operations:

1145 King George Port Rd, Edison, NJ 08837

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,
  - on the project (other than service, maintenance or repairs) to be performed by or on behalf
  - of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its
  - intended use by any person or organization other than another contractor or subcontractor
  - engaged in performing operations for a principal as a part of the same project.

CG-2010

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers

Location And Description Of Completed Operations:

1145 King George Port Rd, Edison, NJ 08837

Concrete construction

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s)

or organization(s) shown in the Schedule, but only with respect to liability

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers Inc and its officers, directors, employees, agents,  
representative and shareholders

Location(s) Of Covered Operations:

225 Raritan Center Pkwy

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional  
insured the person(s) or  
organization(s) shown in the Schedule, but only with respect to

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,  
on the project (other than service, maintenance or repairs) to be performed by or on behalf  
of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its  
intended use by any person or organization other than another contractor or subcontractor  
engaged in performing operations for a principal as a part of the same project.

CG-2010

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Premier Design + Build Group LLC and any other persons or organizations whom you agreed to include as additional insured on your policy in a written contract, written agreement or written permit between you and Premier Design + Build Group LLC

Location(s) Of Covered Operations:

All Premier Design + Build Group LLC locations as per written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,
  - on the project (other than service, maintenance or repairs) to be performed by or on behalf
  - of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its
  - intended use by any person or organization other than another contractor or subcontractor
  - engaged in performing operations for a principal as a part of the same project.

CG-2010

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Premier Design + Build Group LLC and any other persons or organizations whom  
you agreed to include as an additional insured on your policy in a written  
contract, written agreement or written permit between you and Premier Design  
+ Build Group LLC

Location And Description Of Completed Operations:

All Premier Design + Build Group LLC locations as per written contract  
Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

**IL-7185  
(Ed. 9-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION OR NONRENEWAL  
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under this policy:

**SCHEDULE**

Policy Period: Effective date:06/15/2021 to      Expiration date: 06/15/2022		
Name of Person or Organization:	Project I.D.:	Mailing Address or Email Address:
Federal Business Centers Inc		Attn:Susanne Zoda Raritan Ctr Business Pk,300 Raritan Ctr Pkwy, Edison,NJ 08837
Blue Rock Construction Inc		1712 Hancock Ln, Burlington, NJ 08016
Consolidated Rail Corporation		1000 Howard Blvd, Mt Laurel, NJ 08054
Alston Construction Company Inc		C/O My COI, 1075 Broad Ripple Ave Ste 313, Indianapolis, IN 46220
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or additional separate Schedule.		

The following **Condition** is added:

If we cancel or nonrenew this policy, other than for non-payment of premium or at the request of the Named Insured, we will provide advance written notice of such cancellation or nonrenewal to the person(s) or organization(s) listed in the SCHEDULE above. Such notice will be provided to such person(s) or organization(s) no less than the number of days in advance of the effective date of cancellation that we are required to provide to the Named Insured for such cancellation or nonrenewal. At our election, the notice shall either be mailed by first class mail, postage prepaid to the address indicated in the SCHEDULE for such person or organization or sent by electronic mail to the email address set forth in the SCHEDULE for such person or organization. Such notice shall identify the policy, including the identity of the Named Insured, being cancelled or nonrenewed and provide the effective date of cancellation or nonrenewal. If sent by first class mail, proof of mailing constitutes proof of notice. If sent by email, proof of sending constitutes proof of notice.

Our obligation to send notice to the person or organization listed in the SCHEDULE above shall terminate the earlier of: i) the end of the current Policy Period; or ii) when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation or nonrenewal.



MPA00000025695Z

**IL-7185  
(Ed. 9-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION OR NONRENEWAL  
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under this policy:

**SCHEDULE**

Policy Period: Effective date:06/15/2021 to      Expiration date: 06/15/2022		
Name of Person or Organization:	Project I.D.:	Mailing Address or Email Address:
RC Andersen LLC		695 US Route 46, Suite 205, Fairfield NJ 07004
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or additional separate Schedule.		

The following **Condition** is added:

If we cancel or nonrenew this policy, other than for non-payment of premium or at the request of the Named Insured, we will provide advance written notice of such cancellation or nonrenewal to the person(s) or organization(s) listed in the SCHEDULE above. Such notice will be provided to such person(s) or organization(s) no less than the number of days in advance of the effective date of cancellation that we are required to provide to the Named Insured for such cancellation or nonrenewal. At our election, the notice shall either be mailed by first class mail, postage prepaid to the address indicated in the SCHEDULE for such person or organization or sent by electronic mail to the email address set forth in the SCHEDULE for such person or organization. Such notice shall identify the policy, including the identity of the Named Insured, being cancelled or nonrenewed and provide the effective date of cancellation or nonrenewal. If sent by first class mail, proof of mailing constitutes proof of notice. If sent by email, proof of sending constitutes proof of notice.

Our obligation to send notice to the person or organization listed in the SCHEDULE above shall terminate the earlier of: i) the end of the current Policy Period; or ii) when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation or nonrenewal.

MPA00000025695Z

**IL-7185  
(Ed. 9-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION OR NONRENEWAL  
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under this policy:

**SCHEDULE**

Policy Period: Effective date:06/15/2021 to      Expiration date: 06/15/2022		
Name of Person or Organization:	Project I.D.:	Mailing Address or Email Address:
Matrix Newburgh Route 300 LLC		Forsgate Drive, CN 4000, Cranbury NJ 08512
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or additional separate Schedule.		

The following **Condition** is added:

If we cancel or nonrenew this policy, other than for non-payment of premium or at the request of the Named Insured, we will provide advance written notice of such cancellation or nonrenewal to the person(s) or organization(s) listed in the SCHEDULE above. Such notice will be provided to such person(s) or organization(s) no less than the number of days in advance of the effective date of cancellation that we are required to provide to the Named Insured for such cancellation or nonrenewal. At our election, the notice shall either be mailed by first class mail, postage prepaid to the address indicated in the SCHEDULE for such person or organization or sent by electronic mail to the email address set forth in the SCHEDULE for such person or organization. Such notice shall identify the policy, including the identity of the Named Insured, being cancelled or nonrenewed and provide the effective date of cancellation or nonrenewal. If sent by first class mail, proof of mailing constitutes proof of notice. If sent by email, proof of sending constitutes proof of notice.

Our obligation to send notice to the person or organization listed in the SCHEDULE above shall terminate the earlier of: i) the end of the current Policy Period; or ii) when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation or nonrenewal.



MPA00000025695Z



**Nationwide®**  
is on your side

Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICY CHANGES

**Change Effective:** 05/01/2022

**Change #:** 5

### Description

Location 1, 54 Cassandra Ln, Swedesboro NJ 08085, and location 2, 592 Paulsboro Rd, Swedesboro NJ 08085, are deleted.  
Location 7, 700 Irish Hill Rd, Runnemede NJ 08078, is added.

Original Annual Premium	\$ 264,143.00	New Annual Premium	\$ 55,155.00	Total Additional/ Return Premium	\$ -25,705.00
					<b>RETURN</b>

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**GU-7001 (Ed. 4-16)**

Page 1 of 1  
Issued: 04/01/2022

HAR 01311



MPA00000025695Z



**Nationwide®**  
is on your side

Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL LINES COMMON POLICY DECLARATIONS

### Named Insured and Mailing Address:

GMAC Construction LLC  
PO Box 176  
Swedesboro, NJ 08085-0176

### Agent:

KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034

**Agency Code:** 294727  
**Phone Number:** (856)429-6000

**Policy Period:** 06/15/2021 to 06/15/2022

at 12:01 A.M. Standard Time at your mailing address shown above.

### Business Description:

Concrete Contractor

### Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 469.00
Commercial General Liability Coverage Part	\$ 54,657.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total \$ 55,126.00  
Fees and Surcharge – See Schedule GU-7015 (If Applicable) \$ 29.00  
Total \$ 55,155.00

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
SEE SCHEDULES **GU-7004** and **GU-7009**

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Page: 1 of 1  
Issued: 04/01/2022

HAR 01313

MPA00000025695Z

**Nationwide®**  
is on your sideHarleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT**LOCATION SCHEDULE**

<b>Premises No.</b>	<b>Bldg. No.</b>	<b>Address</b>
003	ALL	368 Swedesboro Ave Mickleton, NJ 08056-1245
004	ALL	25 Eagle St Albany, NY 12207-1901
005	ALL	5530 Wisconsin Ave Chevy Chase, MD 20815-4404
006	ALL	2347 N 7th St Harrisburg, PA 17110-9800
007	ALL	700 Irish Hill Rd Runnemede, NJ 08078-1400

MPA00000025695Z



**Nationwide®**  
is on your side

Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

---

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT

## FEES AND SURCHARGE SCHEDULE

New Jersey Property-Liability Insurance Guaranty Association Surcharge	\$ 29.00
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MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Renewal Limits
* IL7185	0910	Notice of Canc and Nonrcn for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
CP7136	0917	Equipment Breakdown Coverage
CP9903	1219	Cannabis Exclusion

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**GU-7004 (Ed. 4-16)**

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Issued: 04/01/2022

HAR 01316



MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0104	1204	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG0201	1217	Maryland Changes
* CG0435	1207	Employee Benefits Liability Coverage
CG2147	1207	Employment-Related Practices Exclusion
* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7254	1210	Addl Ins-Ownrs, Lessees or Contractors-Auto Status
CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
CG7350	0710	Exclusion -Contractors Professional Liability
CG7356	1210	General Liability Enhancement Plus Endt-Contractors
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$ 1,000,000	Each Occurrence Limit
\$ See CG2502	Damage to Premises Rented to You Limit
\$ 5,000	Medical Expense Limit (Any One Person)
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$ 3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						

<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>	51,847.00	2,810.00
--	-----------	----------

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

04/01/2022  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
CYBERONE		IF ANY			385	
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	

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**CG-7275 (Ed. 4-16)**

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HAR 01320

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One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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HAR 01321



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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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HAR 01322



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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				

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HAR 01323

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**CG-7275 (Ed. 4-16)**

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HAR 01324

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

Agent # 294727

**BUSINESS DESCRIPTION:** Concrete Contractor

### DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
SEE SCHEDULE CP-7162		

SEE SCHEDULE CP-7162

### COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### OPTIONAL COVERAGES:

#### APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### DEDUCTIBLE:

SEE SCHEDULE CP-7162

### MORTGAGE HOLDERS:

SEE SCHEDULE GU-7007 IF APPLICABLE

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 and GU-7009

**TOTAL PREMIUM FOR THIS COVERAGE PART \$** 469.00

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

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HAR 01325

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

### DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
007	001	700 Irish Hill Rd Runnemede, NJ 08078-1400 OFFICE PC 04 NON-COMBUSTIBLE

### COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
007	001	BUSINESS PERS PROPERTY	55,300	SPECIAL	80%	500
007	001	BUSINESS INCOME-BASIC w/EE (b)	55,000	SPECIAL	80%	72-Hour

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
007	001	BUSINESS PERS PROPERTY			(X)	

### OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
-----------	-----------	-------------------	---------------------	---------------------------------------	-----------------------------	-------------------------------------

### Deductible Exceptions:

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(b) Other than Rental Value

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HAR 01326

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers Inc and its officers, directors, employees, agents, representative and shareholders

Location(s) Of Covered Operations:

225 Raritan Center Pkwy

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

on the project (other than service, maintenance or repairs) to be performed by or on behalf

of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its

intended use by any person or organization other than another contractor or subcontractor

engaged in performing operations for a principal as a part of the same project.

CG-2010



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Premier Design + Build Group LLC and any other persons or organizations whom you agreed to include as additional insured on your policy in a written contract, written agreement or written permit between you and Premier Design + Build Group LLC

Location(s) Of Covered Operations:

All Premier Design + Build Group LLC locations as per written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

connection with such work,  
on the project (other than service, maintenance or repairs) to be  
performed by or on behalf  
of the additional insured(s) at the location of the covered  
operations has been completed; or  
2. That portion of "your work" out of which the injury or damage arises  
has been put to its  
intended use by any person or organization other than another  
contractor or subcontractor  
engaged in performing operations for a principal as a part of the  
same project.

CG-2010

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Premier Design + Build Group LLC and any other persons or organizations whom  
you agreed to include as an additional insured on your policy in a written  
contract, written agreement or written permit between you and Premier Design  
+ Build Group LLC

Location And Description Of Completed Operations:

All Premier Design + Build Group LLC locations as per written contract  
Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers Inc and its officers, directors, employees, agents,  
representative and shareholders

Location And Description Of Completed Operations:

225 Raritan Center Pkwy

Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders Maryland LLC and any other persons or organizations whom you agreed to include as an additional insured on your policy in a written contract, written agreement or written permit between you and FCL Builders Maryland LLC

Location(s) Of Covered Operations:

All FCL Builders Maryland LLC locations as per written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

connection with such work,  
on the project (other than service, maintenance or repairs) to be  
performed by or on behalf  
of the additional insured(s) at the location of the covered  
operations has been completed; or  
2. That portion of "your work" out of which the injury or damage arises  
has been put to its  
intended use by any person or organization other than another  
contractor or subcontractor  
engaged in performing operations for a principal as a part of the  
same project.

CG-2010



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders Maryland LLC and any other persons or organizations whom you  
agreed to include as an additional insured on your policy in a written  
contract, written agreement or written permit between you and FCL Builders  
Maryland LLC

Location And Description Of Completed Operations:

All FCL Builders Maryland, LLC locations as per written contract  
Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders LLC

FCL Builders Maryland LLC

Tradepoint Atlantic LLC its affiliates, directors, officers, employees and agents

Location(s) Of Covered Operations:

Tradepoint Atlantic Project Liger

Tradepoint Ave, Baltimore, MD 21219

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

1. All work, including materials, parts or equipment furnished in connection with such work,  
on the project (other than service, maintenance or repairs) to be performed by or on behalf  
of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its  
intended use by any person or organization other than another contractor or subcontractor  
engaged in performing operations for a principal as a part of the same project.

CG-2010

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders LLC

FCL Builders Maryland LLC

Tradepoint Atlantic LLC its affiliates, directors, officers, employees and  
agents

Location And Description Of Completed Operations:

Tradepoint Atlantic Project Liger

Tradepoint Ave, Baltimore, 21219

Construction Work

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers

Location(s) Of Covered Operations:

1145 King George Port Rd, Edison, NJ 08837

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s)

designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,

on the project (other than service, maintenance or repairs) to be

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

performed by or on behalf

of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its

intended use by any person or organization other than another contractor or subcontractor

engaged in performing operations for a principal as a part of the same project.

CG-2010



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers

Location And Description Of Completed Operations:

1145 King George Port Rd, Edison, NJ 08837

Concrete construction

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT - OUT OF SEQUENCE

## POLICY CHANGES

**Change Effective:** 04/05/2022

**Change #:** 6

### Description

Additional Insured-Owners, Lessees or Contractors-Scheduled Person or Organization (CG2010) and Additional Insured-Owners, Lessees or Contractors-Completed Operations (CG2037) is added for Alston Construction Company Inc and Federal Business Centers.

In order to process an out-of sequence amendment with the same or earlier effective date, prior transaction(s) have been backed-off. Please refer to the subsequent pages of this form (GU-7001) for complete details.

Original Annual Premium	\$ 264,143.00	New Annual Premium	\$ 264,243.00	Total Additional/ Return Premium	\$ 100.00
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**GU-7001 (Ed. 4-16)**

**ADDITIONAL**  
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Issued: 04/05/2022

HAR 01342

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT - OUT OF SEQUENCE

Transaction	Chg#	Transaction Effective Date	Processing Date	Premium Charged	Policy Premium
Renewal		06/15/2021	06/07/2021	0.00	119,843.00
Amendment	1	06/15/2021	10/07/2021	144,300.00	264,143.00
Amendment	2	03/11/2022	03/17/2022	0.00	264,143.00
Amendment	3	03/24/2022	03/24/2022	0.00	264,143.00
Amendment	4	03/24/2022	03/30/2022	0.00	264,143.00
Amendment	5	05/01/2022	04/01/2022	-25,705.00	55,155.00
- Amendment - Out Of Sequence	6	04/05/2022	04/05/2022	100.00	55,255.00
Back Off - Amendment		05/01/2022		25,705.00	264,143.00
Out Of Sequence - Amendment		04/05/2022		100.00	264,243.00
Reapply - Amendment		05/01/2022		-25,705.00	55,255.00

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL LINES COMMON POLICY DECLARATIONS

### Named Insured and Mailing Address:

GMAC Construction LLC  
PO Box 176  
Swedesboro, NJ 08085-0176

### Agent:

KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034

**Agency Code:** 294727  
**Phone Number:** (856)429-6000

**Policy Period:** 06/15/2021 to 06/15/2022

at 12:01 A.M. Standard Time at your mailing address shown above.

### Business Description:

Concrete Contractor

### Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 912.00
Commercial General Liability Coverage Part	\$ 262,056.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total \$ 262,968.00  
Fees and Surcharge – See Schedule GU-7015 (If Applicable) \$ 1,275.00  
Total \$ 264,243.00

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
**SEE SCHEDULES GU-7004 and GU-7009**

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HAR 01344



MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document - OOS Version
GU7001	0416	Policy Change Document - OOS Version Detail
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Rencwal Limits
* IL7185	0910	Notice of Canc and Nonren for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
* CP1218	0607	Loss Payable Provisions

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CP7130	1115	Commercial Property Plus II Endorsement
CP7136	0917	Equipment Breakdown Coverage
CP9903	1219	Cannabis Exclusion
		LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0104	1204	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG0201	1217	Maryland Changes
* CG0435	1207	Employee Benefits Liability Coverage
* CG2028	0704	Addl Ins - Lessor of Leased Equipment
CG2147	1207	Employment-Related Practices Exclusion
* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7241	1009	Exclusion - Snow and Ice Removal
CG7254	1210	Addl Ins-Owners, Lessees or Contractors-Auto Status
CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
CG7350	0710	Exclusion -Contractors Professional Liability



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One West Nationwide Blvd.  
Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CG7356	1210	General Liability Enhancement Plus Endt-Contractors
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement

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One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$ 1,000,000	Each Occurrence Limit
\$ See CG2502	Damage to Premises Rented to You Limit
\$ 5,000	Medical Expense Limit (Any One Person)
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$ 3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						

<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>	222,170.00	39,886.00
--	------------	-----------

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

04/05/2022  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CONCRETE CONSTRUCTION	91560	4,965,509 PAYROLL	29.193	5.982	144,958	29,704
PREM NO. 001 CONTR-SUB-REPAIR BLDG-NOC	91585	5,732,118 TOTAL COST	1.654	1.286	9,481	7,372
PREM NO. 001 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	278,205 PAYROLL	38.600		10,739	INCL
PREM NO. 001 CONTR PERMANENT YARD Prod/Comp Op subj to Gen Agg Limit	91590	329,969 PAYROLL	14.985		4,945	INCL
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL

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HAR 01349

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
CYBERONE		IF ANY			385	
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	

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HAR 01350

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				

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HAR 01351

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Harleysville Preferred Insurance Company  
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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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HAR 01352



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One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUSCRIPT ENDORSEMENT		IF ANY				

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HAR 01353

MPA00000025695Z



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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
PREM NO. 001 CG2028-ADDL INS-LESSOR OF LEASED EQUIP		IF ANY			100	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**CG-7275 (Ed. 4-16)**

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Issued: 04/05/2022

HAR 01354

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers Inc and its officers, directors, employees, agents, representative and shareholders

Location(s) Of Covered Operations:

225 Raritan Center Pkwy

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

on the project (other than service, maintenance or repairs) to be performed by or on behalf

of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its

intended use by any person or organization other than another contractor or subcontractor

engaged in performing operations for a principal as a part of the same project.

CG-2010

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Premier Design + Build Group LLC and any other persons or organizations whom you agreed to include as additional insured on your policy in a written contract, written agreement or written permit between you and Premier Design + Build Group LLC

Location(s) Of Covered Operations:

All Premier Design + Build Group LLC locations as per written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

connection with such work,  
on the project (other than service, maintenance or repairs) to be  
performed by or on behalf  
of the additional insured(s) at the location of the covered  
operations has been completed; or  
2. That portion of "your work" out of which the injury or damage arises  
has been put to its  
intended use by any person or organization other than another  
contractor or subcontractor  
engaged in performing operations for a principal as a part of the  
same project.

CG-2010



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Premier Design + Build Group LLC and any other persons or organizations whom  
you agreed to include as an additional insured on your policy in a written  
contract, written agreement or written permit between you and Premier Design  
+ Build Group LLC

Location And Description Of Completed Operations:

All Premier Design + Build Group LLC locations as per written contract  
Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers Inc and its officers, directors, employees, agents,  
representative and shareholders

Location And Description Of Completed Operations:

225 Raritan Center Pkwy

Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders Maryland LLC and any other persons or organizations whom you agreed to include as an additional insured on your policy in a written contract, written agreement or written permit between you and FCL Builders Maryland LLC

Location(s) Of Covered Operations:

All FCL Builders Maryland LLC locations as per written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

connection with such work,  
on the project (other than service, maintenance or repairs) to be  
performed by or on behalf  
of the additional insured(s) at the location of the covered  
operations has been completed; or  
2. That portion of "your work" out of which the injury or damage arises  
has been put to its  
intended use by any person or organization other than another  
contractor or subcontractor  
engaged in performing operations for a principal as a part of the  
same project.

CG-2010

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders Maryland LLC and any other persons or organizations whom you  
agreed to include as an additional insured on your policy in a written  
contract, written agreement or written permit between you and FCL Builders  
Maryland LLC

Location And Description Of Completed Operations:

All FCL Builders Maryland, LLC locations as per written contract  
Concrete Construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders LLC

FCL Builders Maryland LLC

Tradepoint Atlantic LLC its affiliates, directors, officers, employees and agents

Location(s) Of Covered Operations:

Tradepoint Atlantic Project Liger

Tradepoint Ave, Baltimore, MD 21219

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

1. All work, including materials, parts or equipment furnished in connection with such work,  
on the project (other than service, maintenance or repairs) to be performed by or on behalf  
of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its  
intended use by any person or organization other than another contractor or subcontractor  
engaged in performing operations for a principal as a part of the same project.

CG-2010

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FCL Builders LLC

FCL Builders Maryland LLC

Tradepoint Atlantic LLC its affiliates, directors, officers, employees and  
agents

Location And Description Of Completed Operations:

Tradepoint Atlantic Project Liger

Tradepoint Ave, Baltimore, 21219

Construction Work

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers

Location(s) Of Covered Operations:

1145 King George Port Rd, Edison, NJ 08837

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s)

designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,

on the project (other than service, maintenance or repairs) to be

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

performed by or on behalf

of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its

intended use by any person or organization other than another contractor or subcontractor

engaged in performing operations for a principal as a part of the same project.

CG-2010

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company Inc

Federal Business Centers

Location And Description Of Completed Operations:

1145 King George Port Rd, Edison, NJ 08837

Concrete construction

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the location designated  
and described in the schedule of this endorsement performed for that additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2010 (Ed. 7-04) Addl Insd-Owners, Lessees, or Contr-Sched Person or Org

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Alston Construction Company, Inc. and Federal Business Centers

Location(s) Of Covered Operations:

1099 King George's Post Road Edison, NJ 08837

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or

organization(s) shown in the Schedule, but only with respect to liability for "bodily injury",

"property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional

exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work,

All other terms and conditions of this Policy remain unchanged.



MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

on the project (other than service, maintenance or repairs) to be performed by or on behalf

of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its

intended use by any person or organization other than another contractor or subcontractor

engaged in performing operations for a principal as a part of the same project.

CG-2010

MPA00000025695Z

MANU-1 (07/04)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

CG-2037 (Ed. 7-04) Addl Insured - Owners, Lessees or Contractors -  
Completed Operations

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):  
Alston Construction Company, Inc and Federal Business Centers

Location And Description Of Completed Operations:  
1099 King George's Post Road Edison, NJ 08837  
Concrete construction

Information required to complete this Schedule, if not shown above, will be  
shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional  
insured the person(s)  
or organization(s) shown in the Schedule, but only with respect to liability  
for "bodily injury"  
or "property damage" caused, in whole or in part, by "your work" at the  
location designated  
and described in the schedule of this endorsement performed for that  
additional insured and  
included in the "products-completed operations hazard".

CG-2037

All other terms and conditions of this Policy remain unchanged.

MPA00000025695Z


**Nationwide®**  
 is on your side

 Harleysville Preferred Insurance Company  
 One West Nationwide Blvd.  
 Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
 AMENDMENT

## POLICY CHANGES

**Change Effective:** 05/01/2022

**Change #:** 7

### Description

Concrete Construction - class 91560 - is added for location 7.

Original Annual Premium	\$ 55,255.00	New Annual Premium	\$ 230,965.00	Total Additional/ Return Premium	\$ 21,612.00
					ADDITIONAL

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**GU-7001 (Ed. 4-16)**

 Page 1 of 1  
 Issued: 04/15/2022

HAR 01373



MPA00000025695Z



**Nationwide®**  
is on your side

Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL LINES COMMON POLICY DECLARATIONS

### Named Insured and Mailing Address:

GMAC Construction LLC  
PO Box 176  
Swedesboro, NJ 08085-0176

### Agent:

KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034

**Agency Code:** 294727

**Phone Number:**

**Policy Period:** 06/15/2021 to 06/15/2022

at 12:01 A.M. Standard Time at your mailing address shown above.

### Business Description:

Concrete Contractor

### Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 469.00
Commercial General Liability Coverage Part	\$ 229,419.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total	\$ 229,888.00
Fees and Surcharge – See Schedule GU-7015 (If Applicable)	\$ 1,077.00
<b>Total</b>	<b>\$ 230,965.00</b>

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
SEE SCHEDULES **GU-7004** and **GU-7009**

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Page: 1 of 1  
Issued: 04/15/2022

HAR 01375

MPA00000025695Z



**Nationwide®**  
is on your side

Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT

## **FEES AND SURCHARGE SCHEDULE**

New Jersey Property-Liability Insurance Guaranty Association Surcharge	\$ 1,077.00
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MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Renewal Limits
* IL7185	0910	Notice of Canc and Nonren for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
CP7136	0917	Equipment Breakdown Coverage
CP9903	1219	Cannabis Exclusion

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**GU-7004 (Ed. 4-16)**

Page 1 of 3  
Issued: 04/15/2022

HAR 01377

MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0104	1204	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG0201	1217	Maryland Changes
* CG0435	1207	Employee Benefits Liability Coverage
CG2106	0514	Exclusion-Access Or Disclosure Of Info-With Limited BI
CG2147	1207	Employment-Related Practices Exclusion
* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7241	1009	Exclusion - Snow and Ice Removal
CG7254	1210	Addl Ins-Owners, Lessees or Contractors-Auto Status
CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
CG7350	0710	Exclusion -Contractors Professional Liability
CG7356	1210	General Liability Enhancement Plus Endt-Contractors
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects

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**Nationwide®**  
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One West Nationwide Blvd.  
Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement



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One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$	1,000,000	Each Occurrence Limit
\$	See CG2502	Damage to Premises Rented to You Limit
\$	5,000	Medical Expense Limit (Any One Person)
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						
<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>					196,905.00	32,514.00

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

04/15/2022  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
PREM NO. 007 CONCRETE CONSTRUCTION	91560	4,965,509 PAYROLL	29.193	5.982	144,958	29,704
CYBERONE		IF ANY			385	

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICY CHANGES

**Change Effective:** 05/01/2022

**Change #:** 8

### Description

Firsttrust Bank is added as Loss Payee for location 7.  
Firsttrust Bank is added as Additional Insured by form CG2026 (Additional Insured-Designated Person or Organization) for location 7.  
GL classes 91585, 91580 and 91590 are added for location 7.

Original Annual Premium	\$ 230,965.00	New Annual Premium	\$ 263,748.00	Total Additional/ Return Premium	\$ 4,033.00
					<b>ADDITIONAL</b>

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Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT****COMMERCIAL LINES COMMON POLICY DECLARATIONS****Named Insured and Mailing Address:**GMAC Construction LLC  
PO Box 176  
Swedesboro, NJ 08085-0176**Agent:**KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034**Agency Code:** 294727  
**Phone Number:** (856)429-6000**Policy Period:** 06/15/2021 to 06/15/2022at 12:01 A.M. Standard Time at your mailing address  
shown above.**Business Description:**

Concrete Contractor

**Form of Business:**

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 469.00
Commercial General Liability Coverage Part	\$ 262,006.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total	\$ 262,475.00
Fees and Surcharge – See Schedule GU-7015 (If Applicable)	\$ 1,273.00
<b>Total</b>	<b>\$ 263,748.00</b>

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
**SEE SCHEDULES GU-7004 and GU-7009**Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. © 2016 Nationwide  
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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT

## **FEES AND SURCHARGE SCHEDULE**

New Jersey Property-Liability Insurance Guaranty Association Surcharge	\$ 1,273.00
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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Renewal Limits
* IL7185	0910	Notice of Canc and Nonren for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
* CP1218	0607	Loss Payable Provisions
CP7136	0917	Equipment Breakdown Coverage

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CP9903	1219	Cannabis Exclusion LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0104	1204	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG0201	1217	Maryland Changes
* CG0435	1207	Employee Benefits Liability Coverage
* CG2026	0704	Addl Ins - Designated Person or Organization
CG2106	0514	Exclusion-Access Or Disclosure Of Info-With Limited BI
CG2147	1207	Employment-Related Practices Exclusion
* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7241	1009	Exclusion - Snow and Ice Removal
CG7254	1210	Addl Ins-Owners, Lessees or Contractors-Auto Status
CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
CG7350	0710	Exclusion -Contractors Professional Liability
CG7356	1210	General Liability Enhancement Plus Endt-Contractors

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Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$ 1,000,000	Each Occurrence Limit
\$ See CG2502	Damage to Premises Rented to You Limit
\$ 5,000	Medical Expense Limit (Any One Person)
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$ 3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						
<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>					222,120.00	39,886.00

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

04/21/2022  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
PREM NO. 007 CONCRETE CONSTRUCTION	91560	4,965,509 PAYROLL	29.193	5.982	144,958	29,704
PREM NO. 007 CONTR-SUB-REPAIR BLDG-NOC	91585	5,732,118 TOTAL COST	1.654	1.286	9,481	7,372

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 007 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	278,205 PAYROLL	38.600		10,739	INCL
PREM NO. 007 CONTR PERMANENT YARD Prod/Comp Op subj to Gen Agg Limit	91590	329,969 PAYROLL	14.985		4,945	INCL
CYBERONE		IF ANY			385	
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				

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Issued: 04/21/2022

HAR 01397

MPA00000025695Z



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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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HAR 01398

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUSCRIPT ENDORSEMENT		IF ANY				

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Issued: 04/21/2022

HAR 01399

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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
PREM NO. 007 CG2026-ADDL INS-DESIGNATED PERS/ORG		IF ANY			50	

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Issued: 04/21/2022

HAR 01400



MPA00000025695Z

POLICY NUMBER: MPA00000025695Z

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE****Name Of Additional Insured Person(s) Or Organization(s)**

Firsttrust Bank

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

MPA00000025695Z

POLICY NUMBER: MPA00000025695Z

**COMMERCIAL PROPERTY**  
**CP 12 18 06 07****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LOSS PAYABLE PROVISIONS**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
 BUILDERS' RISK COVERAGE FORM  
 CONDOMINIUM ASSOCIATION COVERAGE FORM  
 CONDOMINIUM COMMERCIAL UNIT OWNERS COVERAGE FORM  
 STANDARD PROPERTY POLICY

**SCHEDULE**

<b>Premises Number:</b>	7	<b>Building Number:</b>	1	<b>Applicable Clause (Enter C., D., E., or F.):</b>	C
<b>Description Of Property:</b> 700 Irish Hill Rd Runnemede, NJ 08078  <b>Loss Payee Name:</b> Firsttrust Bank 15 E Ridge Pike  <b>Loss Payee Address:</b> Conshohocken, PA 19428					
<b>Premises Number:</b>		<b>Building Number:</b>		<b>Applicable Clause (Enter C., D., E., or F.):</b>	
<b>Description Of Property:</b>  <b>Loss Payee Name:</b>  <b>Loss Payee Address:</b>					
<b>Premises Number:</b>		<b>Building Number:</b>		<b>Applicable Clause (Enter C., D., E., or F.):</b>	
<b>Description Of Property:</b>  <b>Loss Payee Name:</b>  <b>Loss Payee Address:</b>					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- A.** When this endorsement is attached to the Standard Property Policy **CP 00 99**, the term Coverage Part in this endorsement is replaced by the term Policy.
- B.** Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the Covered Property, and we will not pay more than the applicable Limit of Insurance on the Covered Property.

The following is added to the **Loss Payment** Loss Condition, as indicated in the Declarations or in the Schedule:

**C. Loss Payable Clause**

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

**D. Lender's Loss Payable Clause**

1. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:
  - a. Warehouse receipts;
  - b. A contract for deed;
  - c. Bills of lading;
  - d. Financing statements; or
  - e. Mortgages, deeds of trust, or security agreements.
2. For Covered Property in which both you and a Loss Payee have an insurable interest:
  - a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.

- b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.

- c. If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
  - (1) Pays any premium due under this Coverage Part at our request if you have failed to do so;
  - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
  - (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
  - (1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
  - (2) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

3. If we cancel this policy, we will give written notice to the Loss Payee at least:
  - a. 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

**E. Contract Of Sale Clause**

1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
2. For Covered Property in which both you and the Loss Payee have an insurable interest we will:
  - a. Adjust losses with you; and
  - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
3. The following is added to the **Other Insurance Condition**:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

**F. Building Owner Loss Payable Clause**

1. The Loss Payee shown in the Schedule or in the Declarations is the owner of the described building, in which you are a tenant.
2. We will adjust losses to the described building with the Loss Payee. Any loss payment made to the Loss Payee will satisfy your claims against us for the owner's property.
3. We will adjust losses to tenants' improvements and betterments with you, unless the lease provides otherwise.



MPA00000025695Z



Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT - OUT OF SEQUENCE

## POLICY CHANGES

**Change Effective:** 06/15/2021

**Change #:** 9

### Description

Mailing address is amended to the following:

700 Irish Hill Rd, Runnemede NJ 08078-1400.

In order to process an out-of sequence amendment with the same or earlier effective date, prior transaction(s) have been backed-off. Please refer to the subsequent pages of this form (GU-7001) for complete details.

Original		New		Total Additional/	
Annual		Annual		Return	
Premium \$	264,143.00	Premium \$	264,143.00	Premium \$	

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**NO CHANGE**  
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Harleysville Preferred Insurance Company  
One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT - OUT OF SEQUENCE

Transaction	Chg#	Transaction Effective Date	Processing Date	Premium Charged	Policy Premium
Renewal		06/15/2021	06/07/2021	0.00	119,843.00
Amendment	1	06/15/2021	10/07/2021	144,300.00	264,143.00
Amendment	2	03/11/2022	03/17/2022	0.00	264,143.00
Amendment	3	03/24/2022	03/24/2022	0.00	264,143.00
Amendment	4	03/24/2022	03/30/2022	0.00	264,143.00
Amendment	5	05/01/2022	04/01/2022	-25,705.00	55,155.00
- Amendment - Out Of Sequence	6	04/05/2022	04/05/2022	100.00	55,255.00
Back Off - Amendment		05/01/2022		25,705.00	264,143.00
Out Of Sequence - Amendment		04/05/2022		100.00	264,243.00
Reapply - Amendment		05/01/2022		-25,705.00	55,255.00
Amendment	7	05/01/2022	04/15/2022	21,612.00	230,965.00
Amendment	8	05/01/2022	04/21/2022	4,033.00	263,748.00
- Amendment - Out Of Sequence	9	06/15/2021	09/06/2022	0.00	263,748.00
Back Off - Amendment		05/01/2022		-4,033.00	230,965.00
Back Off - Amendment		05/01/2022		-21,612.00	55,255.00
Back Off - Amendment		05/01/2022		25,705.00	264,243.00
Back Off - Amendment		04/05/2022		-100.00	264,143.00
Back Off - Amendment		03/24/2022		0.00	264,143.00
Back Off - Amendment		03/24/2022		0.00	264,143.00
Back Off - Amendment		03/11/2022		0.00	264,143.00
Out Of Sequence - Amendment		06/15/2021		0.00	264,143.00
Reapply - Amendment		03/11/2022		0.00	264,143.00
Reapply - Amendment		03/24/2022		0.00	264,143.00
Reapply - Amendment		03/24/2022		0.00	264,143.00
Reapply - Amendment		04/05/2022		100.00	264,243.00
Reapply - Amendment		05/01/2022		-25,705.00	55,255.00
Reapply - Amendment		05/01/2022		21,612.00	230,965.00
Reapply - Amendment		05/01/2022		4,033.00	263,748.00

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One West Nationwide Blvd.  
Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT****COMMERCIAL LINES COMMON POLICY DECLARATIONS****Named Insured and Mailing Address:**GMAC Construction LLC  
700 Irish Hill Rd  
Runnemede, NJ 08078-1400**Agent:**KEH INSURANCE AGENCY INC  
1415 MARLTON PIKE EAST, SUITE 501  
CHERRY HILL, NJ 08034**Agency Code:** 294727  
**Phone Number:** (856)429-6000**Policy Period:** 06/15/2021 to 06/15/2022at 12:01 A.M. Standard Time at your mailing address  
shown above.**Business Description:**

Concrete Contractor

**Form of Business:**

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 912.00
Commercial General Liability Coverage Part	\$ 261,956.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total	\$ 262,868.00
Fees and Surcharge – See Schedule GU-7015 (If Applicable)	\$ 1,275.00
<b>Total</b>	<b>\$ 264,143.00</b>

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:**  
**SEE SCHEDULES GU-7004 and GU-7009**Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. © 2016 Nationwide  
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One West Nationwide Blvd.  
Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT**LOCATION SCHEDULE**

<b>Premises No.</b>	<b>Bldg. No.</b>	<b>Address</b>
001	ALL	54 Cassandra Ln Swedesboro, NJ 08085-5034
002	ALL	592 Paulsboro Rd Swedesboro, NJ 08085-4400
003	ALL	368 Swedesboro Ave Mickleton, NJ 08056-1245
004	ALL	25 Eagle St Albany, NY 12207-1901
005	ALL	5530 Wisconsin Ave Chevy Chase, MD 20815-4404
006	ALL	2347 N 7th St Harrisburg, PA 17110-9800

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**Insured:** GMAC Construction LLC  
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**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT

## **NAMED INSURED SCHEDULE**

GMAC Contracting Inc

MPA00000025695Z



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**Policy Period:** 06/15/2021 to 06/15/2022  
AMENDMENT

## **FEES AND SURCHARGE SCHEDULE**

New Jersey Property-Liability Insurance Guaranty Association Surcharge	\$ 1,275.00
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Harleysville Preferred Insurance Company  
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**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
PJ0004	0416	Policy Jacket- HPIC
GU7001	0416	Policy Change Document - OOS Version
GU7001	0416	Policy Change Document - OOS Version Detail
* GU7005	0416	Location Schedule
* GU7008	0416	Named Insured Schedule
* GU7015	0416	Fees and Surcharge Schedule
IL0003	0702	Calculation of Premium
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0111	1103	New Jersey Changes
IL0141	0908	New Jersey Changes - Civil Union
IL0166	0702	Pennsylvania Changes - Actual Cash Value
IL0172	0702	Pennsylvania Changes
IL0183	0702	New York Changes - Fraud
IL0207	1217	Maryland Changes
IL0208	0907	New Jersey Changes - Cancellation and Nonrenewal
IL0246	0702	Pennsylvania Changes-Cancellation and NonRenewal
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0910	0702	Pennsylvania Notice
IL0935	0702	Exclusion of Certain Computer-Related Losses
IL0952	0115	Cap On Losses From Cert. Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
* IL0995	0107	Cond Excl Terr (Relat Dispostn Fed Terr Ins Act)
IL7166	0806	Maryland Changes - Rencwal Limits
* IL7185	0910	Notice of Canc and Nonren for Designated Person or Org
		PROPERTY FORMS
CP0010	0607	Building and Personal Property Form
CP0030	0607	Business Income (And Extra Expense) Coverage Form
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP1030	0607	Causes of Loss - Special Form
CP1032	0808	Water Exclusion Endorsement
CP7130	1115	Commercial Property Plus II Endorsement

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CP7136	0917	Equipment Breakdown Coverage
CP9903	1219	Cannabis Exclusion
		LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0104	1204	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG0201	1217	Maryland Changes
* CG0435	1207	Employee Benefits Liability Coverage
* CG2028	0704	Addl Ins - Lessor of Leased Equipment
CG2106	0514	Exclusion-Access Or Disclosure Of Info-With Limited BI
CG2147	1207	Employment-Related Practices Exclusion
* CG2151	0989	Amend of Liquor Liab Exclusion-Except for Sched Activ
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
CG2187	0115	Conditional Exclusion of Terrorism
CG2279	0798	Exclusion-Contractors-Professional Liability
* CG2417	1001	Contractual Liability - Railroads
* CG2426	0704	Amendment of Insured Contract Definition
* CG2502	0798	Amendment of Limits of Insurance
CG2620	1093	New Jersey Changes - Loss Information
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG2653	0699	NJ Chgs-Cov and Excl Liab for Haz of Lead w/Mult Prem
CG2673	1204	Maryland Changes - Premium Audit Condition
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7209	0901	Lead Liability Exclusion - New York
CG7241	1009	Exclusion - Snow and Ice Removal
CG7254	1210	Addl Ins-Owners, Lessees or Contractors-Auto Status
CG7263	1210	AI-Owner, Lessee, Contr-Compl Ops-Auto Req Constr Agree
CG7304	1210	Exclusion - Silica - New York
CG7305	1210	Exclusion - Asbestos - New York
CG7350	0710	Exclusion -Contractors Professional Liability



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**AMENDMENT**

## FORM SCHEDULE

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
CG7356	1210	General Liability Enhancement Plus Endt-Contractors
CG7383	1111	Excl-Blanket Ops Covered By A Cons Wrap-Up Ins Prog
CG7430	0117	Def of Occurrence Amendatory Endt Constr Defects
* CG8000	1015	Data Compromise Coverage
CG8010	1015	Identity Recovery Coverage
* CG8013	1015	Cyber One Coverage
IL7115	0600	Excl-Exterior Insulation and Finish Systems (EIFS)
* MANU1	0704	Manuscript Endorsement

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One West Nationwide Blvd.  
Columbus, OH 43215**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## POLICYHOLDER NOTICE SCHEDULE

The following material contains important information about your policy. Please read it carefully.

\* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
IN8028	0220	Policyholder Notice Cannabis Exclusion
ST7115	0416	Premium Audit Notice
ST7419	0417	New Jersey Earthquake Insurance Availability Notice
ST7520	0704	Amendment Of Insured Contract Definition
ST7555	0416	Important Notice to Policyholders
ST7629	0913	Notice of Underwriting Period-Notice to Policyholders
ST7653	0416	Contractor and Property Owners Best Practices
ST7687	0121	Notice to Policyholders
ST7851	1114	Notice to Policyholders - Be Prepared For Data Breach

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

### LIMITS OF INSURANCE:

\$ 1,000,000	Each Occurrence Limit
\$ See CG2502	Damage to Premises Rented to You Limit
\$ 5,000	Medical Expense Limit (Any One Person)
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 3,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$ 3,000,000	Products/Completed Operations Aggregate Limit

**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

Business Description: Concrete Contractor

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE GU-7005

### AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						

**TOTAL PREMIUM FOR THIS COVERAGE PART:** 222,070.00 39,886.00

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 AND GU-7009

09/06/2022  
Countersignature Date

KEH INSURANCE AGENCY INC  
Authorized Representative

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One West Nationwide Blvd.  
Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CONCRETE CONSTRUCTION	91560	4,965,509 PAYROLL	29.193	5.982	144,958	29,704
PREM NO. 001 CONTR-SUB-REPAIR BLDG-NOC	91585	5,732,118 TOTAL COST	1.654	1.286	9,481	7,372
PREM NO. 001 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	278,205 PAYROLL	38.600		10,739	INCL
PREM NO. 001 CONTR PERMANENT YARD Prod/Comp Op subj to Gen Agg Limit	91590	329,969 PAYROLL	14.985		4,945	INCL
PREM NO. 003 WAREHOUSE-PRIVATE-NFP Prod/Comp Op subj to Gen Agg Limit	68707	500 AREA	76.835		38	INCL
PREM NO. 004 CONCRETE CONSTRUCTION	91560	800,000 PAYROLL	59.438	3.513	47,550	2,810
PREM NO. 004 CONTR-EXECUTIVE SUPERVISOR Prod/Comp Op subj to Gen Agg Limit	91580	IF ANY PAYROLL	78.408			INCL

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**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 005 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	15.241	8.099		
PREM NO. 006 CONCRETE CONSTRUCTION	91560	IF ANY PAYROLL	21.331	5.043		
CYBERONE		IF ANY			385	
DATA COMPROMISE/IDENTITY RECOVERY		IF ANY			124	
DAMAGE TO PREMISES RENTED TO YOU		IF ANY			250	
CG7254-ADDL INS-OWN/LESS/CON/AUTO CONSTR		IF ANY			250	
CG7263-OWN/LESS/CON/COMP OPS/AUTO CONSTR	91560	6,573,683			600	

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**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
GL ENHANCEMENT PLUS ENDT CONTRACTORS		IF ANY			1,500	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		270			350	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUSCRIPT ENDORSEMENT		IF ANY				
MANUAL PREMIUM - FULLY EARNED	98601	1			300	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	
MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
PREM NO. 001 CG2028-ADDL INS-LESSOR OF LEASED EQUIP		IF ANY			100	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	
PREM NO. 001 MANUAL PREMIUM - FULLY EARNED	49950	1			50	

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Columbus, OH 43215

**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

☒ See Supplemental Schedule

Agent # 294727

**BUSINESS DESCRIPTION:** Concrete Contractor

### DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
SEE SCHEDULE CP-7162		

SEE SCHEDULE CP-7162

### COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### OPTIONAL COVERAGES:

#### APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
SEE SCHEDULE CP-7162						

SEE SCHEDULE CP-7162

### DEDUCTIBLE:

SEE SCHEDULE CP-7162

### MORTGAGE HOLDERS:

SEE SCHEDULE GU-7007 IF APPLICABLE

### FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES GU-7004 and GU-7009

**TOTAL PREMIUM FOR THIS COVERAGE PART \$** 912.00

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

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**Insured:** GMAC Construction LLC  
**Agent:** KEH INSURANCE AGENCY INC

**Policy Number:** MPA00000025695Z  
**Policy Period:** 06/15/2021 to 06/15/2022  
**AMENDMENT**

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

### DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
001	001	54 Cassandra Ln Swedesboro, NJ 08085-5034 OFFICE PC 04 FRAME
002	001	592 Paulsboro Rd Swedesboro, NJ 08085-4400 OFFICE PC 04 FRAME

### COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
001	001	BUSINESS PERS PROPERTY	51,900	SPECIAL	80%	500
001	001	BUSINESS INCOME-BASIC w/EE (b)	50,000	SPECIAL	80%	72-Hour
002	001	BUSINESS PERS PROPERTY	3,400	SPECIAL	80%	500
002	001	BUSINESS INCOME-BASIC w/EE (b)	5,000	SPECIAL	80%	72-Hour

### OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
001	001	BUSINESS PERS PROPERTY			(X)	
002	001	BUSINESS PERS PROPERTY			(X)	

### OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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### Deductible Exceptions:

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(b) Other than Rental Value

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